

WESTMORELAND ADOLESCENT REPRODUCTIVE HEALTH:

**AN EVALUATION OF YOUTH.NOW'S
PEER EDUCATOR / PEER LINK INTERVENTION**

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Herbert Gayle

School of Oriental and African Studies
University of London, UK

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RESEARCH TEAM

Herbert Gayle
Andrew Grant
Dorraine Parks
Kerry-Ann Samuels
Kadene McPherson
Anastasia Whyte
Kemesha Reynolds
Richard Pasley
Dave Noel Williams
Taniesha Nelson
Sherrian Gray
Cherine Richards
Tova Trench
Michelle Ambersley

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Lastly, a special word of thanks must be reserved for Pauline Russell-Brown and her team at Youth.now for allowing us the joy of investigating, recording, and telling this story. We hope to have done justice to the programme and the youth involved.

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CHAPTER ONE

Introduction

Background

In 2003, Youth.now executed a series of one-week training camps in Westmoreland in its continued quest to empower youth to better manage their reproductive health. Westmoreland is one of the poorest parishes in Jamaica, with its poverty-related problems having been documented for the past three-quarters of a century. The economy depends largely on tourism, in Negril, farming and fishing. Although it boasts the largest proportion of arable land in sugar cane, structurally, not much has changed in the parish's economy since the 1930s riots at Frome, where the country's largest sugar factory is located. However, Westmoreland is fast urbanizing. Today it has three significant urban centres: Savanna-La-Mar, the capital; Negril, the tourism centre; and Grange Hill, a sugar-belt community urbanized within the past decade.

When an area rapidly urbanizes without comparable economic expansion, one result is a larger proportion of the population becoming poor and frustrated. And so, although the parish is labelled "rural," one can find organized gangs, obvious prostitution, and crack cocaine addicts competing to wash cars throughout the area. Westmoreland has thus become a social concern.

In April and July of 2003, 261 adolescents were trained in what Youth.now referred to as Peer Links camps. The overwhelming majority (over 240) came from Westmoreland. Of this number, a cadre of 60 received further training in leadership skills and methods of disseminating information. These adolescent peer educators were organized into a number of geo-social networks. Whilst encouraged to communicate and work with the team, each person was given the autonomy to create his or her own sub-network inclusive of family, friends, churches, clubs, or corner crews. Undoubtedly this approach is futuristic, as it appeals to the need in adolescents to be considered responsible enough to manage and to do so within their own invented frames. It is expected to be successful on the grounds that teenagers and young adults spend more time on the street than other groups. They are therefore more aware of the occurrences at the grassroots level. Even more important is the fact that these groups are the most fertile and most affected by the threatening crisis of HIV.

The peer educator approach is unquestionably powerful. Nonetheless, the success of any project relies not only on the creativity and soundness of its construction, but also on its management. Furthermore, a project must negotiate the series of threats or militating factors as well as opportunities or facilitating factors operating within the environment where the intervention is targeted. Interestingly, social environments are dynamic and have the capacity to change rapidly. It is therefore critical to assess a target environment continually, inclusive of the reflexivity of those who try to intervene.

The rationale for project evaluation is obvious. We appreciate the fact that Youth.now decided to pause and view the social facts of the project—that is evaluate from an outside or independent position—which is accomplished through this consultancy.

Objective

To assess the impact of Youth.now's Adolescent Reproductive Health peer counsellor training intervention in Westmoreland and to provide information that will inform its strategy for continued interventions. The specific objectives are as follows:

1. To assess the extent to which the training carried out by Youth.now impacted the youth participants' knowledge, attitude, and to a lesser extent, behaviour in regards to reproductive health.
2. To map the development and success of the networks created by Youth.now's trained leaders by roughly calculating the number of adolescents and young adults reached at the primary and secondary levels of impact.
3. To assess the quality of the transfer of knowledge from the peer educators to other youth and to detail the factors that impact on such transference.
4. To present to Youth.now a series of recommendations to inform its strategies for continued youth intervention in reproductive health.

Methodology

The main focus of the evaluation was a retrospective examination of the intervention, but with a control against which to compare those affected by the intervention. Social research is based on 'Best Bets' since it is the changing world that is the 'laboratory'. This evaluation, therefore, could have been done in several ways; but given the absence of a baseline, a comparative-tracer design seemed especially advantageous. This involved the use of a "control," or group that was not impacted by Youth.now's intervention. The control was drawn from the "proximity," or within the locale of Westmoreland, based on geo-social settings: inner city, semi-urban, and so forth. This approach is quite popular and has been used in both quantitative and qualitative research studies. The single concern in using this methodology is the fact that sometimes "close proximity controls" pick up out-layers that were affected at secondary and tertiary levels by the intervention. This risk was reduced drastically by studying the majority of the intervention group and by evaluating a trace of the primary and secondary impact of the networks formed.

Data Collection

The evaluation made use of Participatory Learning and Action (PLA) tools. Over the past two decades the divide between qualitative and quantitative has narrowed tremendously as social scientists have come to recognize the benefits of integrating or mixing aspects of both methodologies. This evaluation utilized a standardized integrated instrument to guide the interviews. This means that the questions reflected both qualitative and quantitative research positions, thus increasing the possibilities of exploration, as well as allowing for statistical inferences. The questions were guided by the areas or themes covered in the training carried out by Youth.now and were matched against instruments previously used by other groups, such as Children First, working with adolescents. They focussed on knowledge, attitude, and to a lesser extent (due to the short interval between intervention and measurement), change of behaviour.

Sample

Four cohorts of adolescents were interviewed: peer educators, network, peer links, and control. Each group was further divided into age categories: 10-13, 14-16, and 17-19. The 17-19 age

group was too small to generate a sample equivalent to the other two age groups. The emphasis in the training also seemed to have been on the two younger groups and had to be reflected in the sample, which aims to be proportional. An attempt was also made to have equal proportions of males and females.

Sixty adolescents were trained as peer educators. Each peer educator was expected to create a network of persons whose knowledge base, attitude, and behaviour in the area of reproductive health would have been affected. Each of these youth supplied the team with details of all the work done: family, friends, clubs included. These were then tallied to produce the sum total of their impact in the parish. Forty-seven peer educators were found; and a corresponding 47 network persons were interviewed. This is not to suggest that each peer educator produced one network person to be interviewed. The reality is that many of the peer educators' networks could not be accessed, as they were at school doing various examinations or were too far away to be interviewed. As a result, those whose networks were available yielded enough to create a balance. One person who had formed a club produced as many as seven network respondents; a few others had three available. Most networks were primary (spoken to directly by the peer educator) but there were also four secondary and two tertiary networks (persons who were spoken to by persons already spoken to by a peer educator).

Unlike the peer educator group where almost all were traced, 52 (just under a third) of the 180 Peer Links youth who attended one of the two camps held April and July of 2003, but did not attend the Peer Educator camp held in August, were interviewed. The control group consisted of 52 persons who were not affected by the networks or peer links adolescents of Youth.now. Each person selected for the control was questioned prior to the interview to ensure that this was so. All peer links-trained youth were systematically matched geo-socially by controls to factor out the direct impact of intervening variables of class, age, gender, and experience.

Observation and Confidence

The research team relied heavily on observation to verify the data respondents gave in response to the instrument. Most interviews were carried out in the home, and when that was not possible, in the community where the respondent resides. Forty-seven (78 percent) of the 60 peer educators were interviewed. The team visited the home of another nine, though the peer educators were not available to be interviewed. In other words, only four peer educators were not contacted or their family background noted. Given the size of the sample and the depth of investigation, we feel confident that the information on peer educators is extremely accurate. More than a half of the adolescents who participated in the Peer Links training were visited—though the team needed only a quota of 50. Many of these adolescents were not available on request. In many cases, team members were expected to return but found other persons to interview and hence apologised for not returning. This fate, taken as a stressful aspect of the task by some team members, helped to increase the confidence level of the data, as it allowed team members to observe the environment of a larger proportion of the Peer Links-trained adolescents.

In summary, 198 adolescents were interviewed for the purpose of assessing the impact of the programme carried out by Youth.now and to help inform the project's way forward. The qualitative details helped to point out the programme's strengths and weaknesses, opportunities

that can be maximized, and challenges within particular environments to tackle. The study sample is represented in Table 1.1 below.

Table 1.1: Sample Distribution

Groups			10 – 13				14 – 16				17 – 19+			
			Target		Count		Target		Count		Target		Count	
			M	F	M	F	M	F	M	F	M	F	M	F
Peer Ed	44	47	8	8	8	8	8	10	8	11	5	5	7	5
Network	44	47	8	8	8	8	8	10	10	10	5	5	5	6
Standard	50	52	10	10	10	10	10	10	10	11	5	5	5	6
Control	50	52	10	10	10	10	10	10	10	11	5	5	5	6
TOTAL	188	198	36	36	36	36	36	40	38	43	20	20	22	23

Analysis

The sample was divided into four groups, which was subdivided by age, gender, and geo-social situations. These divisions helped to identify the factors that determine success, failure, or that intervene to create unexpected results. Tables and graphs are used to display results. Scores were given to the responses on each instrument. These scores were used to assess the impact of the intervention and were modelled against a “perfect impact” frame in which the peer educator cohort should have highest scores, followed by the Peer Links-trained adolescents, the network or “affected,” and last, the control or “unaffected.” Deviations from this pattern were noted to produce the determinant factors and or fault lines within the intervention.

CHAPTER TWO

The System of Support for Respondents

This chapter assesses the quality of respondents' emotional, social and economic support systems. It includes a brief examination of the sources from which adolescents get information on matters of reproductive health.

Parents and Guardians

As represented in Table 2.1, fathers and mothers account for the majority of heads of households among those adolescents interviewed. Forty percent said their fathers are the head of household, and 28 percent said their mother is the head of household. This is followed by grandparents, at 18 percent, and other family members, including step-parents, siblings, and godparents. Notice that six of the adolescents were on their own (self or partner head). Three were below the age of 16, including a 15-year-old who lived with her 29-year-old man and his mother. All are from inner city settings, yet another reason to pay special attention to the inner city in future interventions.

Table 2.1: Heads of Household

Heads of Household	Number
Father	80
Mother	56
Grandparents	35
Aunt/Uncle	11
Step-parents	5
Self	4
Sibling	3
Partner	2
Godparents	2
TOTAL	198

Fathers

Fathers were present in 43 percent of households (Table 2.2). In those households where the father is present, 95 percent (80 of 84) were considered to be the head of the household (Table 2.1). The data suggest that father is the authority figure once he is present but there are important exceptions. In four cases, the fathers were unemployed or marginally employed, though present in the home. In other cases, even though the father was present the mother was presented as head of the home by the adolescents. Therefore, the father's role is primarily financial.

Table 2.2: Father Presence by Socio-economic Background

Socio-economic Background	Father Presence		
	Total	Yes	No
Suburban	13	8	5
Urban Lower Middle	26	15	11
Semi-urban Lower Middle	15	7	8
Urban Working Class	26	6	20
Inner City	42	19	23
Semi-urban Working Class	66	25	41
Rural Poor	10	4	6

TOTAL	198	84	114
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Table 2.3 suggests that whether father is inside the home or not makes very little difference in terms of whether or not he will be perceived as a source of emotional support. Of the 84 fathers present in the home, respondents only ranked 25% first or second in terms of closeness. Of fathers outside the household, 28 of 114 (25%) were ranked first and second in terms of closeness to the respondents. Although more boys than girls expressed closeness to their fathers (30 of 49), most adolescents, despite gender, were closer to their mother than their father. There is obvious need for programmes that will educate members of the household that fathers have important roles other than economic in the lives of adolescents.

Table 2.3: Parents Ranked First and Second in Terms of Closeness to Respondents

Parents	Location Re Household		Total	Proportion of N (198)
	Inside	Outside		
Father	21 (25%)	28 (25%)	49	25%
Mother	112 (69%)	11 (31%)	123	62%

The presence of fathers in the home was greatly affected by socio-economic situation. Table 2.2 and Figure 2.1 show that adolescents from poor backgrounds were more likely to live without their fathers present in the home.

Figure 2.1:

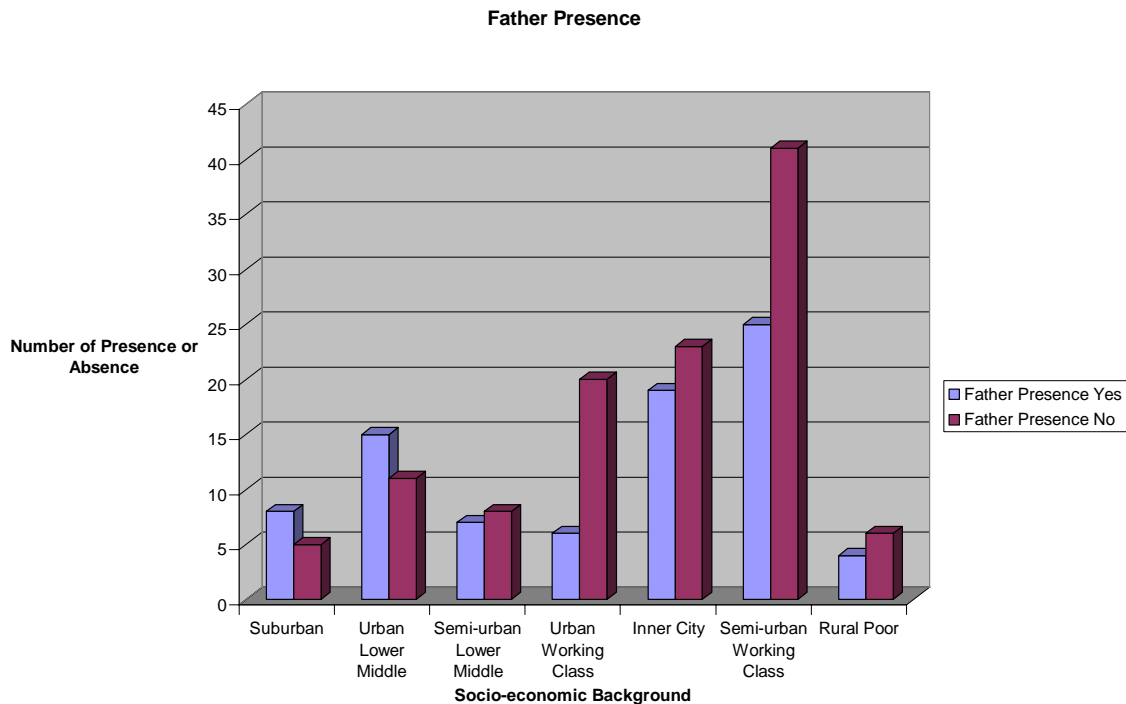


Table 2.4 and figure 2.2 further illustrate that fathers who are absent from non-poor households are more likely to be accounted for than those of poor households. In other words, they are more likely to be involved in their children's life when absent from the home than their poor

counterparts. In the data displayed below all “abroad” and “local” fathers support their children financially and to some extent emotionally. The others were either dead or not involved in the lives of their children. Interestingly, all five suburban fathers absent during the evaluation were overseas and only one did not call his child at least weekly. What was encouraging was the fact that for all groups there were either equal number of or more absent fathers supporting their children than those not involved.

Table 2.4: Accounting for Absent Fathers

Socio-economic Background	Father Status			
	Abroad	Local	Dead	Not Involved
Suburban (5)	5	0	0	0
Urban Lower Middle (11)	2	6	0	3
Semi-urban Lower Middle (8)	4	1	3	0
Urban Working Class (20)	5	9	0	6
Inner City (23)	2	9	1	11
Semi-urban Working Class (41)	6	15	0	20
Rural Poor (6)	0	3	0	3
TOTAL (114)	24	43	4	43

Figure 2.2:



It would serve Youth.now well to target fathers in their efforts to help children. The data show that many fathers are excluded due to their responsibility to provide financially for the household. Many have to earn abroad, and there is also evidence of others who were forced to leave because of unemployment. The issue of the father’s power within the home cannot be taken for granted. Two boys felt so strongly about their fathers they listed him as head of the household although the fathers were abroad for years. Though physically absent, some fathers

maintained good relationships with their sons, speaking with their sons every other day and taking time out to discuss matters of reproductive health. Nonetheless, a critical finding is that many boys felt their masculinity threatened by the absence of a father in the home. Many were obviously embarrassed to say that their mother was head of the home. Whilst the impact of the father's absence on the emotional health of the youth is not as obvious as that of mother's absence, his presence is critical to the full health of the adolescent. It would be an excellent intervention to provide information to youth to take to their fathers and to assess the knowledge base of these fathers after a period, before and after that intervention.

Mothers

Most respondents identified their mothers as primary nurturers, though 36 respondents identified their mothers as being outside the household. It should be noted that 69 percent of the 162 mothers who were inside the household were listed as having a close relationship with the adolescent. However, mothers were not seen as a nurturer once she left the household. Only 31 percent of mothers who were outside the household were seen as a friend. Girls were most hostile to the absent mother. Only the mothers who were overseas (nine, including four with father abroad) seemed to receive some degree of forgiveness. It seemed then that a mother's absence from the home, despite the contribution of the extended family, had a negative impact on the emotional stability of adolescents, especially girls. At least five girls described their mothers as being less than a mother for leaving. Words such as: "horrible," "selfish," and even "bitch" were used to describe the absent mother. She received no forgiveness from the three girls and one boy who were left with their fathers alone.

Grandparents

Grandparents were found to be critical in the matter of power and emotional stability within the household. In the absence of fathers, grandparents often become the head, especially if mother is young and still resides in the home of her parents. There were 16 such cases. In most cases where the mother was absent and grandparents served as the guardians, the children expressed that they were closer to their grand parents than the absent mother. Twenty-six respondents listed grandparents as first or second closest person in the household. There is one major drawback with having grandparents as guardians: the generation gap often means the grandparents do not serve as good sources of information on matters of reproductive health.

Sources of Information on Sex and Family Life

The data collected on "Sources of Information on Sex and Family Life," displayed in Tables 2.5 and 2.6, explicitly present Youth.now as a substitute for parents in providing information on reproductive health. Irrespective of socio-economic background, Peer Links-trained adolescents and peer educators presented Youth.now as their primary source of information on adolescent reproductive health. Only eight persons gave the quality of the information received at camp a less than perfect score. Of this number, only two actually rated the quality "average" (5-7 out of 10). The other six respondents felt they had been so exposed prior to attending the camp that it served more as a reminder than a source of new information, and gave scores of 8 and 9 out of 10. Guidance counsellors were selected as the next most important source of quality information on matters of adolescent reproductive health. This was without variation across gender and socio-economic background.

Not surprisingly, girls gave parents a slightly higher ranking to parents as a quality source of reproductive health information and presented them as being more important than television. Boys felt that their television programmes were a marginally better source of information. What is tragic here is the fact the despite the quality programmes presented on television, including those of Youth.now, the set is highly non-interactive. The point is that if parents were educated to the importance of their task and if they were given the confidence to counsel their adolescent, they would not have to compete with the television as a source of information on matters of reproductive health. It was embarrassing to hear youth explaining how they “packed” their parents and sent them off to the Parent seminar held by Youth.now in Savanna-La-Mar at Comminge Hotel to ensure that they would not tell the adolescent “bulls” when they knew better. Many youth complained of their parents’ ignorance. Some parents also confessed to reading the information the Peer Links-trained adolescents and peer educators brought back from camp, “But when them gone to sleep, for it kind of embarrassing for him to know I just learning these things.”

Most parents were under the age of 45 and therefore are themselves still very prone to HIV as they produce more children. The task to address reproductive health of adolescents must therefore include parents in a holistic manner—sick parents cannot raise children. Parents should be targeted not only for how they can improve the healthy growth of their children, but also for their own sexual and reproductive health.

Table 2.5: Sources of Information on Sex and Family Life: Males

	Ranking	Averages ²	RATINGS											
			8 to 10				5 to 7				1 to 4			
			Peer Ed	Network	Peer Links	Control	Peer Ed	Network	Peer Links	Control	Peer Ed	Network	Peer Links	Control
Doctor	7 th	11, 1, 3	11	8	14	9	1	0	1	0	1	4	4	4
Nurse	5 th	12, 1, 2	12	12	17	7	1	0	1	1	1	3	0	4
Clinic	6 th	11, 2, 3	15	8	14	7	2	1	3	0	1	3	2	5
Guidance Counsellor	2 nd	17, 2, 2	21	15	18	15	1	2	0	4	0	2	2	2
Class Teacher	8 th	10, 5, 3	8	9	14	10	6	2	3	7	4	4	1	1
Youth.now Camp	1 st	26, 0, 0	23	X	22	X	0	X	1	X	0	X	0	X
Parents	4 th	14, 3, 3	10	16	13	17	4	3	3	1	5	4	0	1
Grandparents	11 th	8, 2, 3	5	9	8	9	3	1	3	1	3	4	2	2
Guardian: Non Relative	15 th	6, 3, 3	6	7	6	4	1	3	2	4	2	1	5	3
Public Forum	14 th	6, 4, 4	6	6	8	3	3	3	5	3	3	4	4	5
Television	3 rd	14, 6, 2	13	15	11	15	7	5	6	4	2	1	2	1
Cable	13 th	6, 5, 3	7	5	9	4	7	5	3	3	1	3	6	3
Internet	17 th	5, 3, 3	6	3	7	3	3	3	0	5	4	3	3	1
Friends	9 th	10, 5, 4	12	8	7	11	4	6	5	3	4	3	4	6
Community Leader	18 th	4, 4, 4	4	3	5	2	3	3	7	3	3	5	3	4
Church Leader/Pastor	12 th	8, 2, 4	9	7	9	6	2	1	4	1	2	6	3	3
Sibling	10 th	8, 4, 5	8	6	9	7	2	2	4	3	4	5	7	5
On the Street	16 th	6, 2, 6	3	4	3	6	5	3	7	7	9	7	4	4

¹ Averages are the mean number of respondents whose rankings for the source fell in the respective categories.² Averages are the mean number of respondents whose rankings for the source fell in the respective categories.

Table 2.6: Sources of Information on Sex and Family Life: Females

	Ranking	Averages ⁴	RATINGS											
			8 to 10				5 to 7				1 to 4			
			Peer Ed	Network	Peer Links	Control	Peer Ed	Network	Peer Links	Control	Peer Ed	Network	Peer Links	Control
Doctor	6 th	14, 1, 4	16	14	12	12	1	2	1	0	4	3	3	6
Nurse	9 th	12, 4, 3	15	13	10	11	4	4	1	2	3	2	4	4
Clinic	5 th	14, 2, 4	17	14	12	14	3	2	1	2	1	4	4	5
Guidance Counsellor	2 nd	19, 2, 2	17	19	19	19	2	3	1	2	3	0	2	4
Class Teacher	7 th	13, 7, 4	10	13	12	15	10	3	7	6	2	7	4	4
Youth.now Camp	1 st	24, 0, 0	24	X	23	X	0	X	1	X	0	X	0	X
Parents	3 rd	18, 3, 4	20	15	18	18	2	3	4	2	2	5	2	5
Grandparents	10 th	9, 3, 7	4	12	8	10	4	2	3	3	10	8	7	4
Guardian: non relative	11 th	9, 2, 4	9	10	8	9	4	2	0	1	3	4	5	3
Public Forum	13 th	8, 4, 5	9	9	7	5	7	3	2	3	3	6	4	6
Television	4 th	15, 6, 3	15	14	14	16	6	5	6	6	3	3	2	2
Cable	15 th	7, 4, 4	7	8	7	7	7	3	3	3	5	3	2	4
Internet	17 th	6, 2, 4	7	5	6	5	2	3	0	1	4	5	4	4
Friends	8 th	12, 7, 3	9	11	14	12	10	5	7	6	2	4	1	4
Community Leader	18 th	3, 3, 5	3	6	3	0	1	2	4	4	8	3	3	5
Church Leader/Pastor	14 th	8, 3, 5	10	10	8	4	4	3	2	3	7	5	4	5
Sibling	12 th	8, 4, 4	8	10	7	5	6	4	4	2	5	6	2	4
On the Street	16 th	7, 4, 8	6	8	7	7	3	3	7	4	10	11	3	6

³ Averages are the mean number of respondents whose rankings for the source fell in the respective categories.⁴ Averages are the mean number of respondents whose rankings for the source fell in the respective categories.

CHAPTER THREE

Recruitment and Selection

Many of the youth who went to the Youth.now Peer Links camps were, in fact, in trouble. Their parents begged the Parish Coordinator to take them "...expecting a miracle...and thanks Jesus my prayers came through." The testimonies of parents were quite telling in some instances. Parents and neighbours even reported that their sons went to camp with guns (2) and knives (7). All these cases were verified with the boys and found to be true. Camp for them was expected to be a place to "stab up the bwoy," but turned out to be a place where they became friends and came home to help dismantle the gang in Savanna-La-Mar they once took as their space.

Method of Recruitment

Adolescents were recruited to the Peer Links camps through a Youth.now network of links in Westmoreland and also by open invitation. A large number of youth were invited to camp through the network of Youth.now's Parish Coordinator, who is located at the parish's major clinic in Savanna-La-Mar. The Parish Coordinator then asked clinic staff to find adolescents in their communities who they felt needed "to attend a camp where they will teach them about family life issues and sex." Other clinic staff were asked to act as facilitators. The Parish Coordinator also recruited persons involved in other community services (including community leaders and/or managers of CBOs) and those involved in the gathering of parish data (such as working for STATIN) to assist in the process. Furthermore, schools served as a pool for recruitment. There was also a public forum held in the capital town where adolescent reproductive health was highlighted and adolescents were given an open invitation to attend the Peer Links camps. As a result, far more youth were recruited than could be accepted at camp. In addition, these youth were brought together in a very short time; some ready for camp just a few days after being informed by their community leader or "the lady at the clinic."

The way in which the youth were recruited can be described as convenient, inexpensive, and largely effective. It is laudable that existing networks were used to recruit the youth to camp. Forming new networks would have been expensive and might not have been as effective. Much of the success of the recruiting process depended on the personal concerns of health workers and community leaders facilitating the process. Clearly many of them recruited youth who they strongly felt were "on the road to perdition;" others because they are bright and could come back and help those on the hell-bent Road. Many of the youth interviewed confessed they were known in the community to be quite vulnerable to contracting HIV due to their behaviour: "The lady say me need to go."

The obvious problem with the methodology is that they did not recruit a stratified sample of the parish proportionately or by means of a needs assessment. The idea here is not to devalue the impact of the personal concerns of the facilitators that drove the process. In fact, we recommend that this network be kept in place. Nonetheless, in future it would be helpful if the process involves more structure. We recommend that an index of the social and health services of the entire parish is taken with the aim to recruit from all areas, focussing on those areas with greatest

needs. Facilitators and trainees commented that some areas were not represented or not represented well.

Representation by Background

The matter of social background was treated as a critical intervening variable. Assisted by observation, the first three pages of the evaluation instrument largely determined the respondents' socio-economic status. The first table describes household size and economic activity, the second table speaks to quality of life, and the third relates to the neighbourhood in which the respondents live. Socio-economic background is known to have direct impact on the sexual behaviour of youth (see Chevannes and Gayle, 2000: the PAHO Study). The usual trend is that the poorer and more urban, the more vulnerable an adolescent is to HIV, since the urban and rural poor begin to have sexual intercourse earlier than other groups and are usually less informed. The relevant question here is to what extent were the urban poor (especially inner city) targeted in the recruitment process; and what proportion were included in the elite group of peer educators to further network this vulnerable group.

It would seem that in terms of the recruitment of Peer Links, the process went commendably well. There were only a few noticeable weaknesses. Table 3.1 shows the largest single socio-economic group in the parish is semi-urban working class, comprising almost a half the parish. About 40 percent of the youth recruited to camp were from this group (33% of sample). According to a statistician in the parish, the second largest group is the urban poor (working and inner city). A third of the parish can be described as urban poor, corresponding perfectly to the one of three recruited to camp (34% of sample). It is praiseworthy that the emphasis here was on recruiting those from inner city background (19 of the 34).

Table 3.1: Socio-Economic Background of Recruits⁵

	PEER EDUCATORS	PEER LINKS	ALL LINKS	PROPORTIONS ELECTED
Suburban	8	1	9	89%
Semi-urban Lower Middle	6	2	8	75%
Urban Lower Middle	5	6	11	45%
NON-POOR SUB-TOTAL	19	9	28	68%
Urban Working	12	3	15	80%
Semi-urban Poor	11	22	33	33%
Inner City	3	16	19	16%
Rural Poor	2	2	4	50%
POOR SUB-TOTAL	28	43	71	39%
TOTAL	47	52	99	NA

Very early in the fieldwork, team members noticed a weakness in the proportion: the non-poor (including near poor or lower middle class) were over represented. Team members immediately began to ask if the youth were stratified by socio-economic background. They are over represented because they make up less than a quarter of this poor parish, but more than a quarter of the recruited were suburban and lower middle class (28%). However it is the fact that they are

⁵ The respondents were divided into seven useful socio-economic groups:

1. Suburban refers to persons who are clearly middle to upper class. Nine such adolescents were interviewed, including one upper class and two upper middle. All three wealthy respondents came from the traditional merchant class of the parish. However, the parents of one (upper class) have the power to affect the political base of the parish. Most of these adolescents came from Ferris, Amity, Grove and enclaves in Smithfield. The children exclusively attend Mannings or boarding and traditional schools in St. James and St. Elizabeth.
2. The semi-urban lower middle is located just beyond the suburban (within a five-mile radius of a major town. They are economically similar to the urban emerging class but their children are not as affected by the problems of urban life. Most of the people of Shewsbury, Georges Plain, and Smithfield fit this profile.
3. The urban lower middle are located close to the urban poor in Savanna-La-Mar and are affected by the happenings in the neighbourhood, but are near-poor rather than poor. They are fairly economically stable and can afford to have computers (and most times internet), washing machines and a vehicle, and the children do not share beds.
4. The urban working class is poor but lives in areas where there remains a strong sense of community and violence is relatively low or controlled. Parents are not professionals or entrepreneurs and often only one person is fully employed and/or the father is absent. Most of Savanna-La-Mar, Grange Hill, and Negril fit this profile.
5. Semi-urban poor are the most fortunate poor traditionally in terms of parent and community support. In terms of father presence or access to information, they have not been at an advantage in this study. In Westmoreland, most of these respondents came from the sugar-belt areas. Violence is occasional in these communities. Nonetheless sex begins relatively early and children are often burdened with adult-type work to help family survive.
6. The inner city has the most vulnerable children. There are cases where no one is fully employed. Children share bed in almost all cases. The third table on the instrument shows a high degree of violence (including rape, shooting, and the burning of neighbour's houses). There is also evidence of constant conflict between neighbours. Russia, Shaolin Temple, Cooke Street, and parts of Desta and Seaton Crescent fit this profile.
7. Rural poor here are treated as those few whose parents depend largely on agriculture. These respondents are situated at least 10 miles from a major town. The few rural communities left in Westmoreland are quiet and visits to the town by relatives are periodic. No community on the Georges Plain is considered rural today in this rapidly urbanising parish; Cave Mountain, Beeston Spring, Petersvale are among these communities, all located in the hills.

the least vulnerable that is the critical reason that this group could have been smaller in the recruited.

Rural communities are being transformed rapidly and hence were but few. Checking addresses, only less than five percent of the recruits came from the mountainous rural communities. If we take the statistician's estimate that about 10 percent of the parish still remains purely rural, then the rural communities were poorly represented. To some extent this is understandable, given the distance, lack of telephones, and uncertainty of finding youth when needed. Nonetheless, had a stratified sampling technique been employed, the recruiters would have been forced to find more rural poor. The research team found it problematic to sample the few rural youth. In fact, only four were found. Telephone numbers turned out to be that of someone working in the town, or a neighbour, or they belonged to the health clinic in Savanna-La-Mar. It was also quite heart-rending to drive for over 10 miles to find a child only to hear that, "Him just gone bush wid him brother."

One important urban area seemed to have been forgotten: Negril. It was, in fact, noted by the facilitators we met. Very few youth came from that area, although it is a large area with significant adolescent health concerns, given the involvement of adolescents there in the thriving sex industry. As one facilitator pointed out, "Many of the youth who work in Negril are actually from Savanna-La-Mar or Grange Hill and other surrounding areas, but a lot of youth actually live in the Negril area, such as Red Grounds. I don't see them on your list and that is a problem area."

Overall, the recruitment of Peer Links seemed to have been quite balanced. Where there were weaknesses, they were not drastic. Nonetheless, we recommend that a stratified sample is taken in the future, mixed with a needs approach, thus increasing the number for inner city and rural slightly above parish proportion.

The near-balance witnessed in the recruitment of Peer Links was lost in the selection of peer educators. It seems the recruiters were very human in this regard. They selected the brighter, more-friendly, more confident, natural born leaders to be peer educators. None of the gang members, none of those who took knives to camp, or just went "to look gal" were selected. There was one exception to the rule: one peer educator could not read. This was probably by default rather than design. Clearly the attractive leader quality type selected makes sense. The data shows clearly that the attractive youth selected were effective as peer educators. The imbalance in terms of socio-economics was, however, so drastic that one was forced to ask if more would not have been achieved if a balance was attempted, as was evidenced in the recruitment of Peer Links. Sixty-eight percent (19 of 28) of the non-poor were selected as peer educators, compared to thirty-nine percent of the poor (28 of 71). The most noticeable imbalance is between inner city (only 16%) and suburban (89%). Obviously, the urban working class (80%) was preferred to the less confident inner city youth whose behaviour is less likely to be competitively attractive.

Undoubtedly, this method is flawed if the intervention rests on the power of peer education. It is fair to say that inner city youth are more effective in transferring information to their inner city peers than any other group, especially bright, uptown youth reaching down to them. This was arguably the most obvious weakness in the recruitment and selection process. More inner city youth should have been selected into the elite group because of their potential to penetrate their

own target group—despite their lack in leadership skills and less attractive behaviour. In other words, the recruiters could have gambled more on the less attractive trainees who had greater access to the most vulnerable. In fact, the Peer Links from urban poor background competed strongly by networking a large number of persons, almost as if they were peer educators. This can be treated as proof that a youth can be an effective peer educator without attractive personalities or background. This is not to suggest that he will reach as many as the elite selected. The data does not support this—only that a balance would have helped to target more of the more vulnerable.

Education Performance

Adolescents' education performance is an important factor in their ability to learn and disseminate information related to reproductive health. The research team documented the best and worst grades respondents reported they received in school. The average was found and categories of “outstanding” (80-100%), “above average” (60-79%), “average” (40-59%), and “below average” (0-39%) used to describe respondents' performance. Table 3.2 shows that generally two-thirds of the respondents reported being above average or outstanding. Only peer educators departed from this trend with 81 percent outstanding or above average. This could be taken as a deliberate effort to select the brighter or higher performing students into the elite peer educator group. As the team recognised during the fieldwork, these respondents would have been identified easily as the more confident of the Peer Links. The problem, though, is that the brighter, more confident youth were disproportionately non-poor.

Table 3.2: Academic Performance by Groups

	Outstanding	Above Average	Above and Outstanding	Average	Below Average
Peer Educators (47)	4	34	81%	6	3
Peer Links (52)	6	29	67%	12	5
Networks (47)	4	25	62%	14	4
Control (52)	6	28	65%	14	4

CHAPTER FOUR

Peer Educators and Their Network

Forty-seven peer educators of various socio-economic background produced networks of 1,674 persons. This means that on average each person trained as a peer educator can be expected to produce a network of over 36 youth or peers. This is only at the primary level. Tracing the networks of three peer educators, it was found that of every four persons reached by a peer educator, one, or 25 percent, can be expected to carry on transmitting the information fairly accurately. This is especially true since most peer educators went to the extent of even photocopying their pamphlets to ensure that their network people were well equipped. It was found that each person in this 25 percent reached at least two persons. This would mean another 800 persons were impacted. In other words, though the information transmitted lost some degree of quality, the impact at the secondary level is half as extensive as at the primary.

Whilst we could not assess as accurately the impact at the tertiary level, it is fair to say that this level cannot be ignored. The serendipitous experience here is the fact that the Peer Links who did not receive as extensive training as the peer educators produced networks 70 percent as extensive. Twenty Peer Links were traced. It was found that they produced an average of 25 persons in their networks. This finding would suggest that overall the Peer Links programme has the ability to produce more networks, as it involves far more youth (261 compared to 60 specially trained peer educators). It is important to note, however, that peer educators were able to disseminate high quality information to their peers with ease, not only because they made higher grades on their knowledge test (see below), but also because of their extensive training,. The point is therefore that whilst the Peer Links competed with peer educators in terms of number output, the latter could be expected to be more effective in terms of quality of output. Interestingly, a number of Peer Links (five males) joined forces with peer educators and served in the absence of the peer educators' cell members. One 16-year-old male Peer Link explained, "A dem get the better training but they still need us. Still this is good for me as I am learning some new things here about passing on information and taking control of an audience."

Construction of Peer Educator Cells

Teams of peer educators were selected based on geographic factors such as closeness of and proximity to the same school. For proximity to work, particular institutions have to be in place: same church, same age, friendship, and family relationship. It was common to find many cell members who lived within a mile radius never met or even called since camp. Many cultural and economic barriers prevented these cells from working as planned. There were cases where cell members were unable to help each other because they were from opposing churches. The parents of one girl, for example, would not encourage their daughter to go to the Pocco Church down the road where another Cell Member desperately needed help. Size was also an issue. It did not matter how the groups were configured, it always came down to twos and threes. The larger groups became split into several smaller cells based on association from school, church, or due to family connections. Class was also an issue. Among females, some of the poorer cell members felt that though they attended the same school, they were traditionally from different sides of the fence and hence expected reluctance on the part of the middle class cell member.

In summary, what happened is that the groups reconfigured themselves along lines of friendship, family, economic situation and largely ignored the cell frame that was suggested at camp. The result is that much work was done as the peer educators ended with cells in which they felt comfortable.

Factors that Impact on the Size of Networks Created

A critical find is that the extent to which a youth established a network depended primarily on his or her personality. The second important factor was that of connections. Those who had access to youth clubs, churches, work sites, and football teams established larger networks. Factors such as confidence level, gender and age were also important.

Personality and Confidence Level

Friendly personalities were most advantageous, but when combined with confidence made for a powerful cocktail. Five categories of personality/confidence combinations were observed:

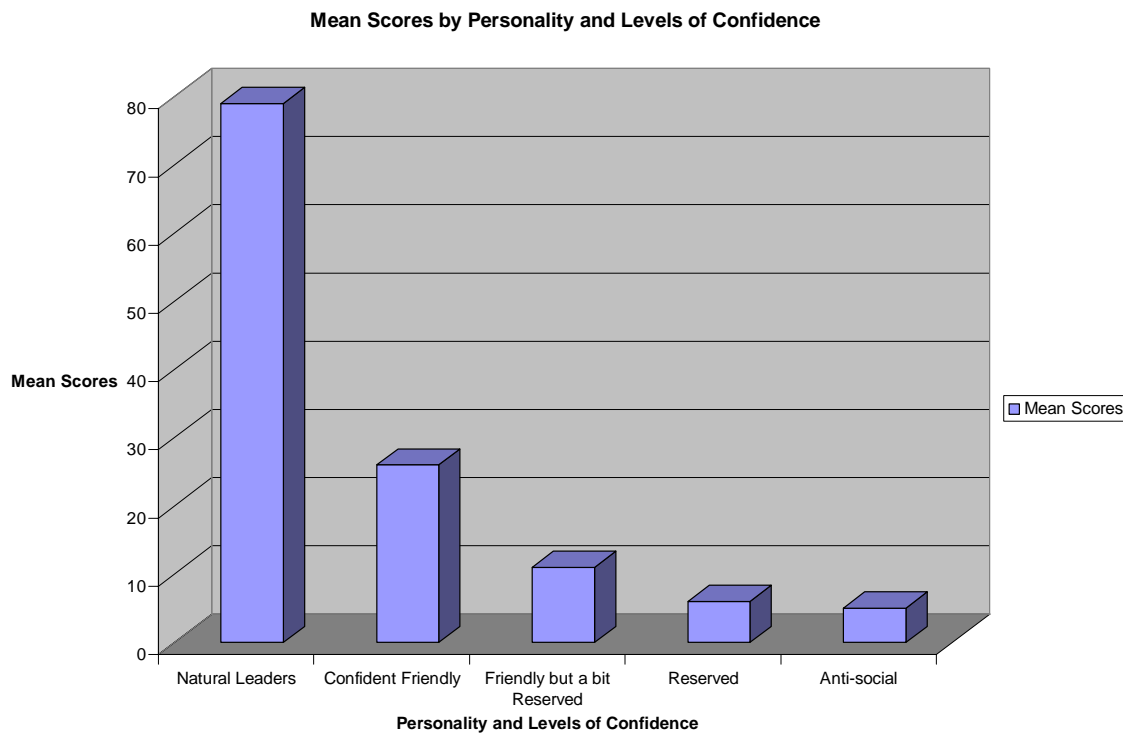
- Natural leaders: very confident, very friendly, outspoken, and having the ability to mobilise or attract others towards them
- Confident and friendly
- Friendly, but a bit reserved
- Reserved or shy: introverted, not outspoken, but most doing well academically; also seen as attractive by others due to being quiet
- Antisocial: not friendly, and does not like conversation.

In order to categorise the peer educators, team members were asked to make use of a series of items on the instrument (“describe yourself,” “self rating,” “academic performance”). From very early, it was found that those with better academic performance were significantly more confident. Team members spent more time with peer educators than other respondents. Additionally, they had to trace the peer educators’ networks as well as note qualitatively the educators’ personalities and connections. Table 4.1 and Figure 4.1 show that peer educators with natural leadership qualities or who were confident and friendly produced far more networks than those who were less confident or reserved.

Table 4.1: Personality and Confidence Level by Number of Network Created

Networks created	Natural Leaders	Confident Friendly	Friendly but a bit Reserved	Reserved	Anti-social
1-5	0	1	0	4	1
6-10	1	1	4	6	1
11-20	0	4	3	0	0
21-30	1	4	0	0	0
31-40	1	0	0	0	0
41-50	3	2	0	0	0
51-100	4	1	0	0	0
>100	5	0	0	0	0
Total	15	13	7	10	2
Mean Scores	79	26	11	6	5

Figure 4.1



Gender and Age

If measured by sheer numbers, females created more networks than males. On average, a female produced 43 networks compared to a male's 31 (see Table 4.2).

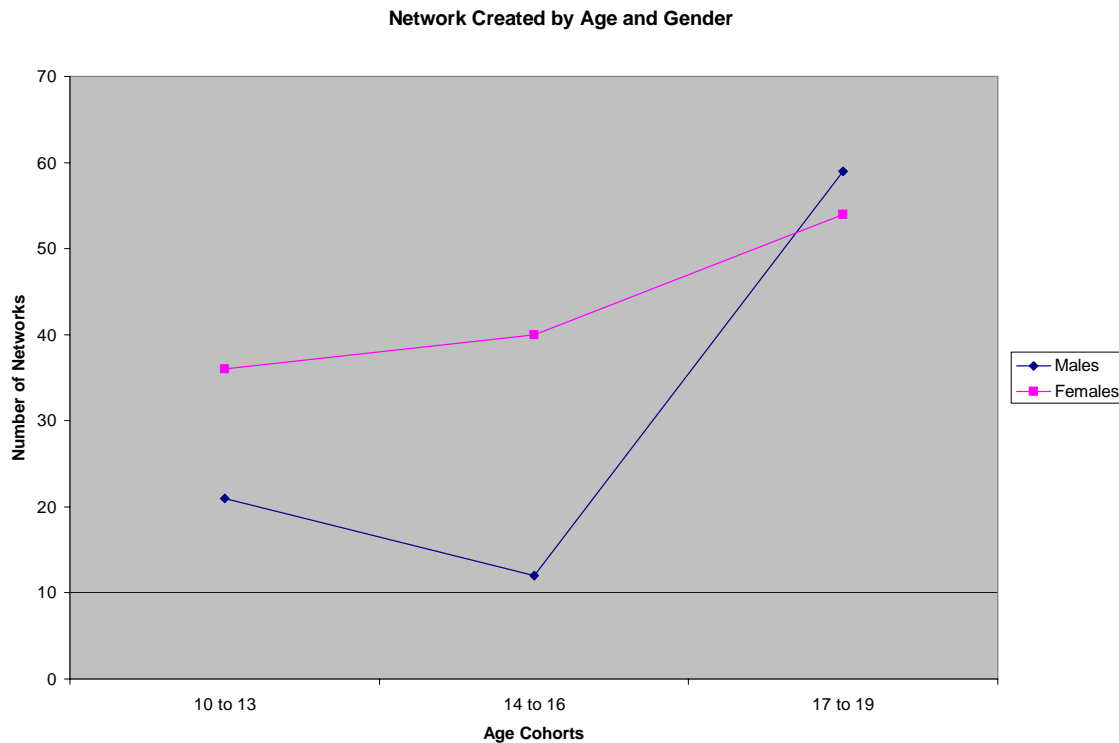
Table 4.2: Network by Age and Gender

Age Cohorts	Males	Females
10-13	21	36
14-16	12	40
17-19	59	54
Mean	31	43

Undoubtedly, numbers are important in every investment. Qualitatively speaking, team members found the boy's stories to be more touching. We found that only the boys could reach the boys. Whilst many girls spoke to boys "even when they come trying to look me" the boys were often too preoccupied with the wish to "get" the educator that they often forgot most of the information. In some cases, the boys stopped going to the girls after they realized that the educator would not yield. Boys who play football together or formed themselves into crews often decide as a group to FFLF (find them, fuck them, leave them, find more). When boys move in packs like this, reaching one of the "Toppa Dappa" like Bim (pseudonym) means you have reached the team. In Bim's case he reported that his entire crew has been affected, "I think Youth.now may have saved not only my life, but theirs." Careful examination of Figure 4.2 tells us that between 14 and 16 years of age, adolescents are most likely to face the most challenges. The data showed that this group was the least confident and made the lowest grades in school. For boys, the situation was worse. Notice that boys in the 14 to 16 age group produced

significantly fewer networks than boys 10 to 13. Notice, however, that even in the girl's line there is a dip, though their networks grew progressively as they got older. Work in other projects, including Chevannes and Gayle (2000) and St. Catherine Adolescent Study, support this trend. Clearly, this age group needs a disproportionate investment over others.

Figure 4.2:



The Targets of Peer Educators

Network Pool

Peer educators created networks amongst persons they knew to some degree, beginning with their friends. The data is organized into a sequence ranking below in Table 4.3. It was surprising that less than half of the peer educators (22 of 47) targeted family members. Upon investigating, it was found that many youth felt more comfortable to discuss matters of reproductive health with friends than with family. Females were more likely to speak to their sisters. Peer educators also explained that they spent more time with their peers at school and in the community than with family members. There were, however, cases where boys and girls spoke to their fathers and mothers about what they were learning. Three females (17-19) said they focused on their partners. Ten youth assisted at clinics and other public forums, and six worked with youth clubs. Two of these youth clubs were started by peer educators acting alone. Twelve were allowed to work with the youth at their church. Ten of the peer educators are females; boys seemed less likely to attend and participate in church activities.

Table 4.3: Network Pool

NETWORK POOL	School	Community	Family	Church	Public	Youth Club	Work
Number	36	25	22	12	10	6	2
Ranking	First	Second	Third	Fourth	Fifth	Sixth	Seventh

Friends

Most of the peer educators targeted friends who attended the same school (29 of 36). Most of the friends that were targeted came from the same community, though others came from communities within a 10-mile radius (see Table 4.4). This is important, as it helped to ensure a wide spread of information. Of interest is the fact that three girls sent material they learnt to friends abroad via the Internet. Table 4.5 shows that most friends targeted were the same (plus or minus a year) age as the peer educator. Females were more likely than males to target older males, up to 10 years or more. In three cases, these men were their sexual partners. Only males 17-19 were likely to target friends two to five years younger. In all three cases, these friends were females who were attracted to the male peer educators.

Table 4.4: Spread of Network Friends

DISTANCE	Same	Near (<5 Miles)	5-10 Miles	>10 miles
NUMBER	38	26	24	3

Table 4.5: Age of Friends Targeted

AGE	Same	2-5 Years Older	6-10 Years Older	>10 Years Older	2-5 Years Younger
NUMBER	34	5	4	4	3

Concerns

1. Throughout the fieldwork, peer educators living outside the capital town expressed concern that there were times when they needed pamphlets and posters for presentations at clubs or other group sessions. They explained that they were aware they could go to see the parish coordinator at the clinic in Savanna-La-Mar, but they did not always have the fare to go see her. Instead they tried to innovate. One young lady even went early so she could draw the diagrams on a chalkboard to be used in the presentation. It might be prudent to provide these peer educators with more material so their tools do not run out when needed.
2. For many peer educators the training changed their lives so drastically it is difficult to imagine. Many of the youth, especially males, became so suddenly responsible that even their teachers got caught in the rush. Peer educators were often given the opportunity to teach their peers in class. In two cases they were asked to assist the guidance counsellor. One mother expressed anxiety that her son might forget he had examinations and spend too much time helping his teacher prepare presentations in adolescent reproductive health. It might be wise to warn future peer educators about being overly involved at the expense of school work.
3. Being a peer educator automatically gives youth respect most never thought possible. "I was called 'sir' for the first time in my life," said one young man. The problem is that whilst

being a peer educator makes a youth an agent of Youth.now, most have little idea of what is happening and cannot give critical information to the very network people they reached. “My greatest embarrassment is when people ask when the next camp will be held and if me can put in a word for him. Imagine me tell you all these new and glorious things and all this respect; then me cannot tell this youth any serious thing about Youth.now plans. It is in fact appropriate for peer educators to play a role in making recommendations for recruitment. Not only do they deserve to be that involved administratively but they can provide youth who most urgently need to attend camp.” Some have expressed losing respect and support in their gatherings because they do not seem to know enough about the mother agency to be legitimate. They need to be a part of the information network of the agency. Probably the creation of a small newspaper might be helpful to keep peer educators and facilitators informed. One peer educator suggested that a web link could be created. Persons could go to the library where they could communicate with each other.

4. Though peer cells are most active as small units of two and three, it might still be good for those in a given locale to come together for monthly meetings. This might serve to strengthen some peer educators on both a personal and work basis. They could have focus group discussions regarding practices, challenges, opportunities, and impact on their personal lives.
5. The final concern surrounds the issue of the personal development and lives of the peer educators. Of all the peer educators who had networks, over 50 had a story of struggle. In fact there were cases in which team members questioned the level of their commitment to Youth.now’s programme given the harsh economic conditions they faced daily. What was discovered was that Youth.now gave them so much hope that they “...just want to go forward in life, not just with this peer educator thing, but with my life.” The dilemma is that Youth.now takes a girl or boy whose life was in shambles, gives them self esteem and a reason to live, and then they are on their own and the reality of failure and frustration returns. This would be counter to the aims of the project.

Take Bobby (pseudonym), for example. He took a long knife to camp, almost attacked a camp counsellor for simply pointing out to him that it was unnecessary to be arrogant. He called the programme “nonsense!” and resisted until he returned home. He felt it had to be an error why he was called to return to become a peer educator; nonetheless, he went. He claimed he had nothing doing. Now he is respected at school, as he assists the guidance counsellor. He is a mentor to other peers. Now he wants to be chef, but who is going to help him. And if he fails, what would that mean for Youth.now?

There is also Sean (pseudonym) who has been acting as guidance counsellor at his school. Nonetheless, he could only find money to do one CXC, though quite bright. He still does not know how to get the money to do others. He is also on his own. And there is the example of Beyonce who formed a club but needs to return to school. Like Sean, she needs urgent help.

Youth.now’s mandate is not to act as a welfare service. Nonetheless, it might be forced to take on the role (or expand, if it has not already begun to do so) to lobby with government and non-government agencies to find help for these youth.

CHAPTER FIVE

The Impact of the Intervention

In order to understand and measure the impact of the Peer Links and educator camps, it is necessary to lay out a background of the sexual practices and history of the respondents. Some intervening variables cannot be ignored in this evaluation. As such, socio-economic background, gender, age, and others are detailed before the assessment of the impact.

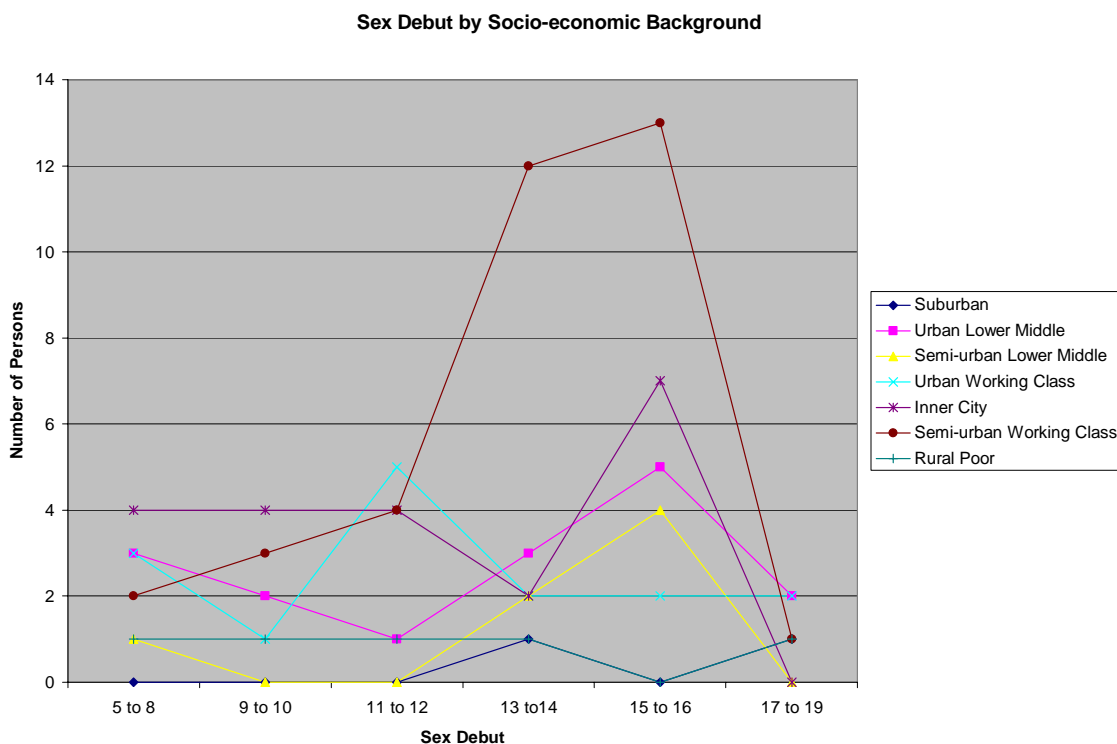
Sexual Debut

The modal age where sex began is 14. Table 5.1 and Figure 5.1 show clearly that socio-economic background is critical. Supported by many previous studies (including Chevannes and Gayle 2000) only suburban and semi-urban lower middle consistently delayed sexual intercourse until age 14. The adolescents of the urban lower middle due to proximity to the urban centre were more likely to mirror the early sexual debut associated with the urban poor.

Table 5.1: Sexual Debut by Socio-economic Background

	5 - 8	9 - 10	11 - 12	13 - 14	15 - 16	17 - 19
Suburban (13)	0	0	0	1	0	1
Urban Lower Middle (26)	3	2	1	3	5	2
Semi-urban Lower Middle (15)	1	0	0	2	4	0
Urban Working Class (26)	3	1	5	2	2	2
Inner City (42)	4	4	4	2	7	0
Semi-urban Working Class (66)	2	3	4	12	13	1
Rural Poor (10)	1	1	1	1	0	1

Figure 5.1

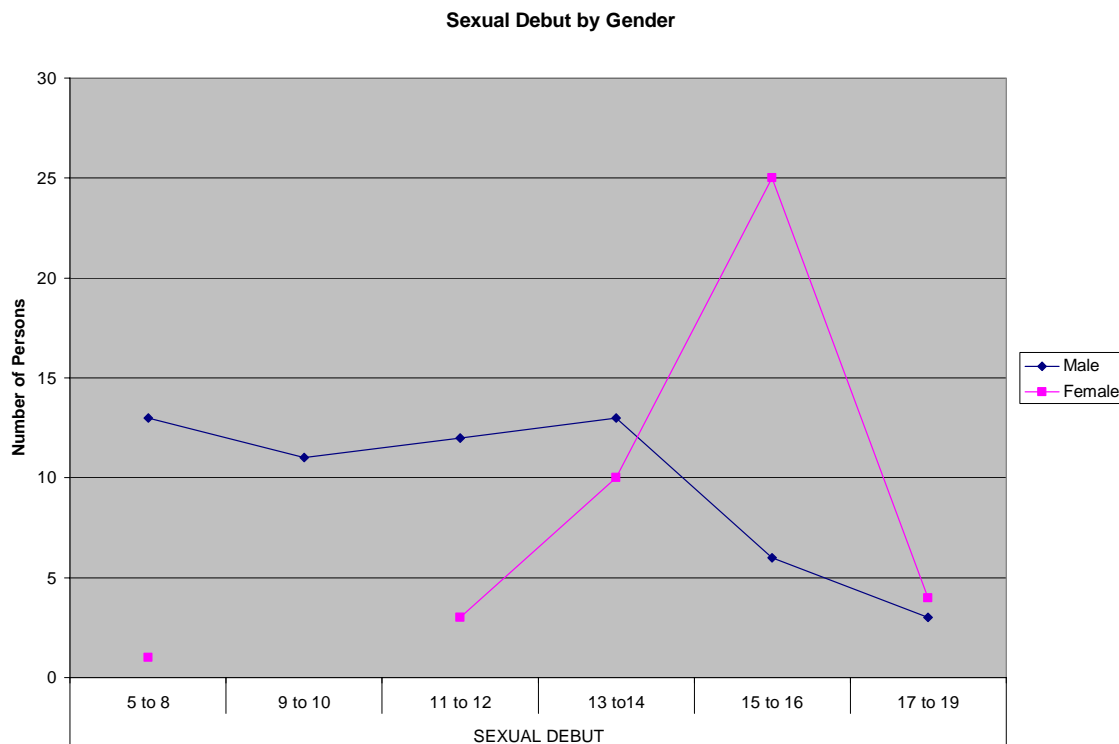


Gender is an extremely critical factor in the matter of sexual debut. As can be seen in Table 5.2 and Figure 5.2, it is very unlikely that males will begin having sexual intercourse as late as 16, the age of consent, which is the age many parents begin to speak to their children about sex. Clearly males begin to have sex during the pre-puberty years. The data suggest that the males in Westmoreland are more likely to begin having sex between the ages of five and 13. What is alarming is that 41 percent (24 of 58) of the boys who had had sex had their sexual debut in the pre-puberty years. For females this is quite the opposite. They seem to begin having sexual intercourse at about age 14. By age 16, it is most likely they would have sexual intercourse at least once. Only four females had sex earlier than age 13. Two of these girls were raped.

Table 5.2: Sexual Debut by Gender

	5 - 8	9 - 10	11 - 12	13 - 14	15 - 16	17 - 19
Male	13	11	12	13	6	3
Female	1		3	10	25	4

Figure 5.2



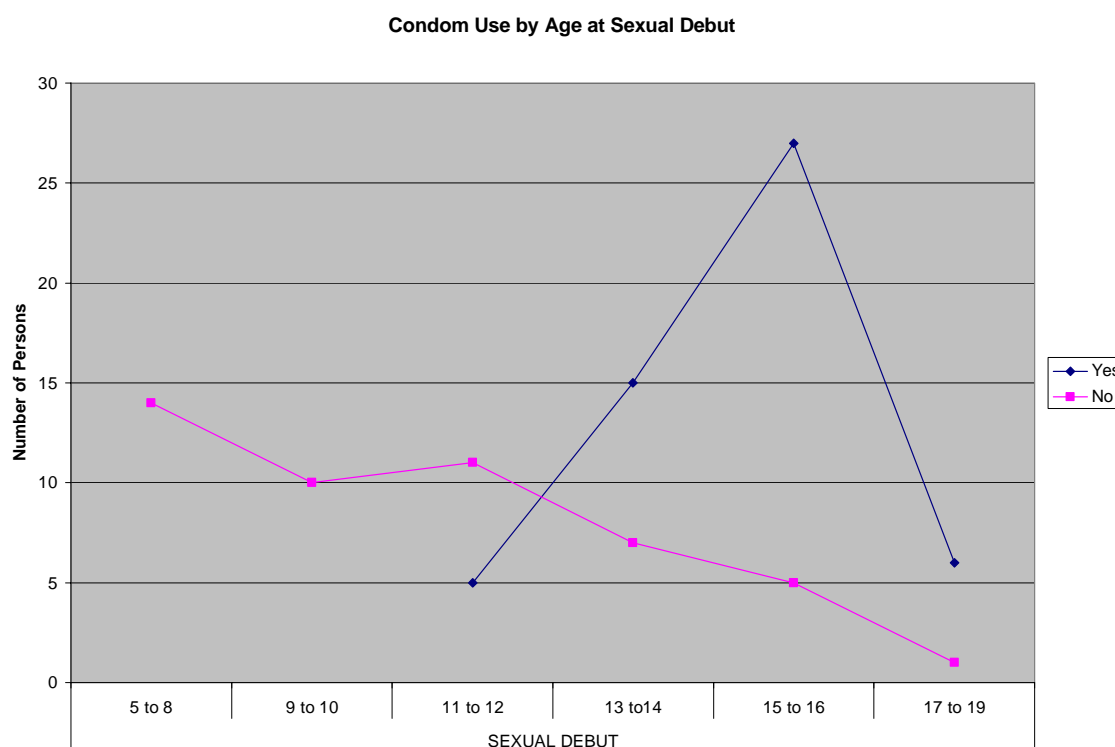
Whether or not condoms are used at sexual debut depends primarily on age (and to a lesser extent gender), not socio-economic background. Females mature earlier and are usually more informed in their early teens. Notice that no one who had first sexual intercourse before the age of 11 used a condom. Notice also that only after age 13 did it become likely for an adolescent to use a condom—and most likely after age 15. The “no” line in Figure 5.3 clearly shows the trend is that the longer a person delays first sex, the more likely it is that he or she will use a condom. In fact, it is believed that a significant number of Jamaican youth contract HIV the very first time

they have sexual intercourse—including those who had sex during the pre-puberty years when condom use is not fully appreciated. Delaying first sex is therefore extremely important in the struggle to prevent the spread of HIV.

Table 5.3: Use of Condom by Age at Sexual Debut

Use of Condom	SEXUAL DEBUT					
	5 - 8	9 - 10	11 - 12	13 - 14	15 - 16	17 - 19
Yes			5	15	27	6
No	14	10	11	7	5	1

Figure 5.3



The Recruits

Treating the quantitative data collected on sexual debut as an important indicator of the respondent's sexual practice and history, the researcher compared the sexual debut of recruits with the other respondents to assess the claim made by trainees, their parents, community leaders, and facilitators that some of the youth who were invited to the Peer Links camps were in fact in trouble. Table 5.4 displays the data and shows that recruits to the Peer Links camps had significantly earlier sexual debut than other respondents. Over 44 percent of the total had first sexual intercourse before age 13, when it is likely that a condom will be used. The data seem therefore to support the recruits' testimonial (especially males) that they needed help and found salvation in the Youth.now programme. The narratives written on the instruments provide us with some details of boys who were involved in batteries (5), gang war (7), and even petty theft

with very little concern about the direction life was going. The important point here is that those recruited to the programme were no better than the networks created or the control.

Table 5.4: Sexual Debut: Recruits Compared to Other Respondents

Age at Sexual Debut	All Recruits: Peer Educators and Links	Network and Control
5 - 8	11	3
9 - 10	5	7
11 - 12	7	7
Sub (%)	44%	35%
13 - 14	10	12
15 - 16	16	16
17 - 18	3	4
Total	52	49

Impact on Sexual Behaviour

This section focuses on the extent to which the programme helped youth to delay having sexual intercourse, increase condom use, and reduce the number of sexual partners. In the introduction it was highlighted that the emphasis of the evaluation is not on behaviour change, but rather on attitude and knowledge, given the very short period of one year at most.

Delaying Sexual Intercourse

The data displayed in Table 5.5 is quite explicit. They show that the most profound impact in terms of delaying sexual intercourse was on peer educators. Half of the 26 peer educators who have had sex have not had sex in the past year. Eight of the 13 stopped having sexual intercourse directly because of the impact of camp. Three others had stopped having sex before going to camp, and two had not had sex since their sexual debut. This impact is undeniable. The impact on Peer Links was also noticeable. A third of those who had had sex did not do so in the past year and half of those were directly because of the programme. Significantly fewer networks and controls delayed having sex (9 and 19 percent, respectively). Assessing the conversations held with peer educators, they were more affected because they spent more time at the camps and also because of the added sense of self and responsibility: “It’s as if you cannot do something you telling people not to do” (14-year-old female). For peer educators, delaying sexual intercourse goes beyond the reason of contracting a sexually transmitted infection or the scare of pregnancy.

Table 5.5: Respondents who have not had sex within the past year by groups

SITUATIONS	PEER EDS	PEER LINKS	NETWORK	CONTROL
No sex since camp	8	4	0	0
Stopped having sex	3	4	2	3
Had no sex since debut	2	0	0	2
Total	13	8	2	5
As % of N	50%	31%	9%	19%
N	26	26	23	26

Condom Use

The data on condom use also distinguish the youth who received training from the networks and controls. Again, the peer educators present the most mature behaviour, with almost all using a condom every time. Only two male peer educators expressed that they used condoms only sometimes. Both had a steady partner with whom no condom was used, but also second

relationships in which condoms were used every time. Three-quarters of all sexually active Peer Links used condoms every time. Of the remaining few, one does not use condoms with his steady partner, but he does with any of his other two partners; one reserves the practice of non-use of condoms for virgins (a very unsafe practice); and two others gave no reason for not using condoms every time. Not only did a smaller proportion of the sexually active network and control use condoms every time, but they also gave no rationale for irregular use. One 13-year-old network stated that he uses condoms only if “feel to use it.” It is important to note the impact of peer educators on networks: three networks reported that their sexual behaviour was changed in terms of condom use due to their contact with peer educators.

Table 5.6: Condom Use by Groups

SITUATIONS	PEER EDS	PEER LINKS	NETWORK	CONTROL
Use condom every time	11	14	13	11
Every time since camp	4	4		
Every time	7	10	10	11
Every time since peer educator			3	
As % of N	85%	78%	62%	52%
Use condom sometimes	2	4	6	9
Not with steady partner	2	1		
Not with virgins		1	1	
If partner wants			1	
No reason		2	4	9
No condom use	0	0	2	1
N	13	18	21	21

Number of Sexual Partners

The difference in number of sexual partners between peer educators, Peer Links, and networks was not significant. It is important to highlight that a number of networks were affected by the input of peer educators. In fact, those who decided to use condoms every time after being tutored by peer educators also decided to reduce their number of sexual partners. It follows, therefore, why only the controls were different, as seen in Table 5.7. A number of young men who had gone to camp “to look a different gal” came home and started to tell their friends to have less girls and use a condom every time. Nonetheless, reducing the number of sexual partners is difficult and requires a longer period to be properly observed. The problem is that number of partners remains an indicator of masculine identity in Jamaica. Persons who decide today that he/she will have one partner might revert to a multi-partner situation without further intervention of some kind.

Table 5.7: Number of Sexual Partners by Groups

NUMBER	PEER EDS	PEER LINKS	NETWORK	CONTROL
1	9	13	14	8
As % of N	70%	72%	67%	38
2	0	1	3	3
3	3	1	2	5
4	1	2	0	1
5	0	0	0	1
More	0	1	2	3
N	13	18	21	21

Impact on Attitude

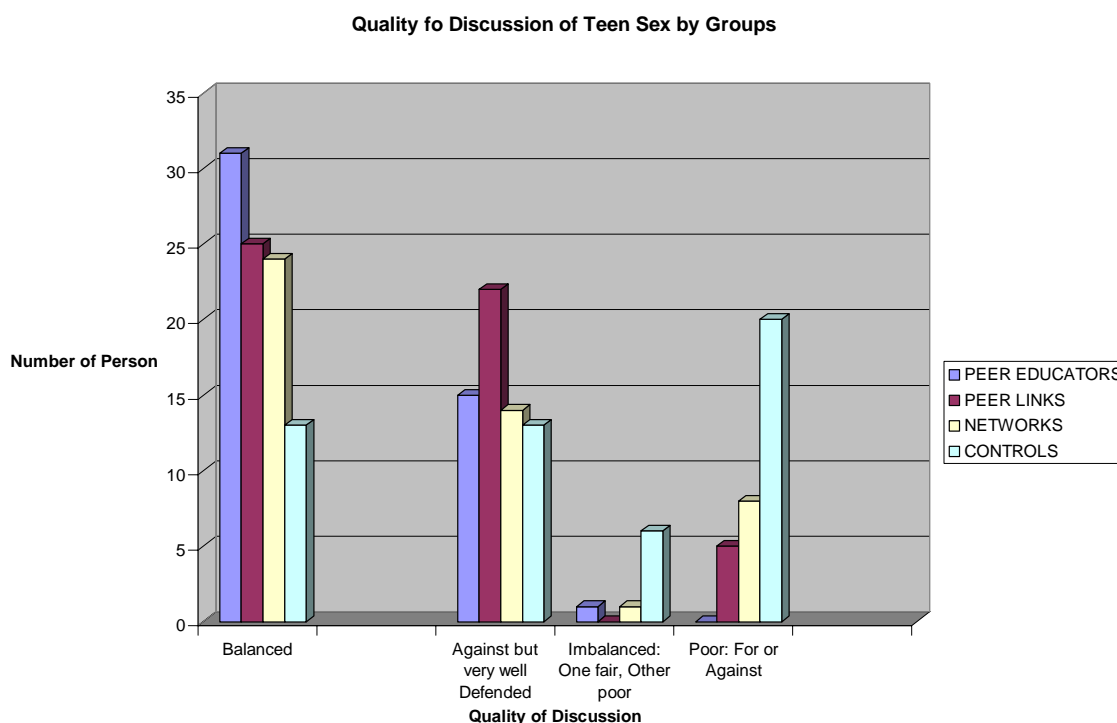
Behaviour change is largely dependent on attitude change. The latter, however, is largely dependent on knowledge and is an important means of measuring the quality of information transferred to youth. It is very easy to transfer an imbalanced account of adolescent sexuality. In fact, one of the weaknesses of the quality of information youth received from parents is that it is often so mixed with anxiety that it lacks balance and, hence, appeal to reality. Table 5.8 highlights the data on the quality of information the trainees received and the kind of attitude the Youth.now team tried to instil in the youth.

Table 5.8: Quality of Discussion of Sex during Adolescence by Groups

QUALITY OF DISCUSSION	PEER EDUCATORS	PEER LINKS	NETWORKS	CONTROLS
Balanced Discussion	31	25	24	13
Against, but very well defended	15	22	14	13
Imbalanced: one fair, other poor	1	0	1	6
Poor: for or against	0	5	8	20
Total	47	52	47	52

The youth trained by Youth.now and affected by its trainees were better able to discuss matters related to sex during adolescence. They were more likely to present a balanced view of sex during adolescence, and where they could not find any positives about early sexual activities, presented strong arguments why sex should be delayed. It was rather alarming to find that half (26) of the controls were unable to present a balanced discussion or defend a position taken. There was a large gap between networks and controls; it was so obvious there had to be a search for intervening variables. There was no dramatic impact by gender (overall girls were more eloquent); age (10-13 presented the poorest discussion across all groups); or socio-economic background (not a factor). The logical conclusion seems to be that peer educators are so effective that they are a better source of data on matters of adolescent reproductive health than parents and other service providers to youth. It also suggests that something might be wrong with the way adolescents are taught material about sexuality—particularly in the area of balance. It is impossible to ignore the fact that networks were able to produce a comparable proportion of balanced discussion overall with Peer Links. Figure 5.4 makes this obvious.

Figure 5.4



Arguments For and Against Having Sex During Teenage Years

Below are some of the more popular responses for and against having sex during teenage years. They are divided into convincing and unconvincing responses to allow the reader to understand how the responses were assessed, given the degree of subjectivity involved.

The 10 to 13 Age Group

During the piloting of the instrument, it was found that the 10 to 13 age group struggled with some of the attitude areas, including the discussion of teenage sex. As a result, an additional table was included to discuss simple day to day issues of reproductive health. The focus of this section was to better afford the team a chance to assess the attitude and knowledge of the early teens. Respondents were asked to say what the following meant to them: being a boy/girl, having a child, having a boy/girlfriend, having sex, right age to have sex, being a teenager, and becoming an adult. It was felt that the issues were so simple that the older groups would not necessarily need more than school family life education to respond to them. In the age categories 14 to 16 and 17 to 19, those who went to camp were marginally better equipped to respond to the simple questions than those who did not (with peer educators more advanced than every other group).

Controls 10 -13 were very disappointing: Sixty percent (12) said they “did not know” to most questions, spoke of something irrelevant, or gave a response that was not useful, such as:

“I like being a boy.”

“I don’t like girls.”

“Girls are nice, I like the sexy ones.”

“Having sex and girls is yuck!”

<p>Convincing Responses For</p> <ul style="list-style-type: none"> • Hype, attention (have girls screaming your name at school) • Fun or pleasure • Having a son early can give direction to a youth here (inner city) • Sex is often a necessity to keep mate • Peer pressure, wanting to belong • Substitute for love • Experimentation: making sure that everything functions right • To feel like an adult • Love or infatuation can lead you places • Money or financial support 	<p>Convincing Responses Against</p> <ul style="list-style-type: none"> • STIs • Pregnancy • Lack of focus, as well as being kicked out of school • Affect self esteem negatively • Problems with family • Blight future, as would not be able to afford caring for a child • Sex costs money which could be used towards education • Emotional problems • Bad reputation/branded a sketel that can lead to being treated as a ghetto bicycle and includes rape and batteries • Attacked physically, as teenagers often have relationships with persons who already have relationship for the purpose of getting support • Health issues: cervical cancer
<p>Unconvincing Responses For</p> <ul style="list-style-type: none"> • Girls fi get wood • Sex must not go to waste • Some girls won't look good after they past 16 • It is envy why some adults want us to wait • We all have to die • If they don't get sex they will kill themselves from stress, need to release 	<p>Unconvincing Responses Against</p> <ul style="list-style-type: none"> • Won't have any stamina left if you start early • Bible says not to • Will get crab louse and become useless • Will die • Will grow up sicky-sicky

Most of the boys reacted more positively to the questions of sex. Some girls became overly shy when the issues were raised. Some girls became so withdrawn in response to these day to day questions that this table became a key indicator to interviewers as to how deep they could go into the instrument with early teens. Quite interesting is the fact that a number of the boys expressed that they were anxious to have a girlfriend and begin having sex. "I want four [children] when I grow up," said one sharp 10-year-old.

Networks 10-13 were much better with 81 percent (13 of 16) good responses. They also showed signs that they had discussed the issues with their peer educator friends. They were more relaxed and demonstrated a better attitude towards sex and the future. There was no identifiable difference between networks and Peer Links in terms of responses or attitude. In fact, slightly less Peer Links (75%) gave comparably good responses. Among the peer educators were three gifted children (lower middle class boys) who have recently passed their placement examinations for Mannings High School. Their responses were quite advanced, comparable with that of the older groups. Some interesting responses:

Difference between boys and girls:

- Boy ramp, girls stay inside
- Boys love fight, girls tek man
- Boys do outside work, girls wash clothes
- I can sex girls and leave them like my friends
- Girls have too much to do, boys idle
- Boys are more fun, wish I was one

Having a child:

- Sounds painful to me
- Not really for children
- Would like to be a father when I have the means
- Absolutely great but must be well timed
- Having a child early could be a hand luggage, baby not wearing now

Having a girl/boyfriend and sex:

- Nice, can't wait
- Yes, so I can have a fulfilled life and not be lonely; but that's for later, not now
- Oh yes, kissing is nice, a bit wet though
- Could get pregnant but that is what condoms are for, to stop these things.
- Really requires some amount of maturity – not for children. I am only 11.
- Why not, but I will wait until I understand it well
- Should not have sex if you cannot fit a condom well. My friend said this to me that he learnt at camp.
- This girl in the class she has sex for coco-bread; I rather God keep me as a nun than do something like that.

Adult life and teenage life:

- Adults have plenty stress, teenage life have free time
- Can go to dance on my own when I am big
- Can't wait so I can play cricket and be independent
- Can't wait to leave my mother's house
- Teenage means you are growing up, just be patient

Attitude Towards Delaying Sex

Overall trainees were more likely than networks and controls to see delaying sex until after completing secondary school as an ideal. Attitude towards delaying sex is a gendered issue. Girls consistently strive for the ideal of delaying sex towards the end of adolescence. Table 5.9 and Figure 5.5 show that females' attitudes were only slightly affected by the intervention, as there is now a significant difference in the desires of females across groups. The profound impact of the intervention in this regard was felt by males. Males' attitudes changed dramatically after going to camp. Figure 5.6 isolates the data on the males, showing clearly that boys who attended camp were more likely to consider delaying sex as an ideal. It distinctly shows a decline in appreciation for delaying sex as one moves from peer educators to Peer Links to networks to controls. Concurrently, the attitude that delaying sex is but an unwanted ideal increases along the same line.

Table 5.9: Attitude towards Delaying Sex by Gender and Groups

Degree of Importance	Peer Educators		Peer Links		Networks		Controls	
	M	F	M	F	M	F	M	F
VI	18	22	16	23	11	19	11	23
IMP	4	2	8	4	6	4	9	3
NOT	1	0	1	0	6	1	5	1
Total	23	24	25	27	23	24	25	27

Figure 5.5

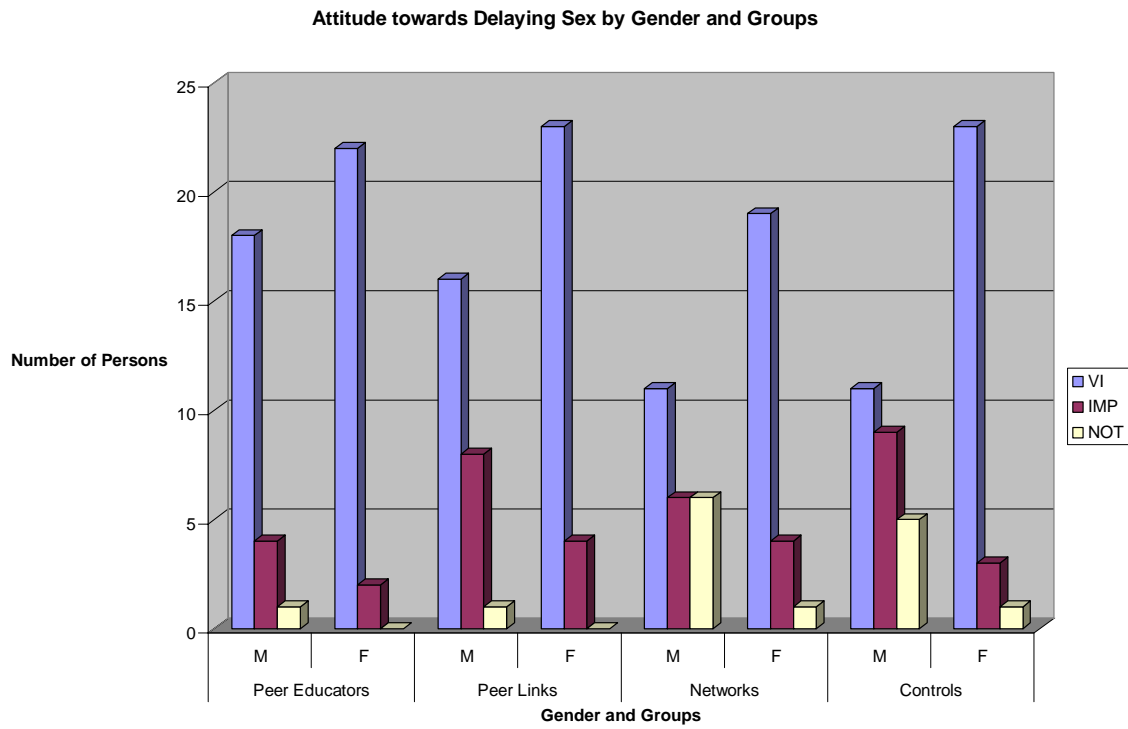
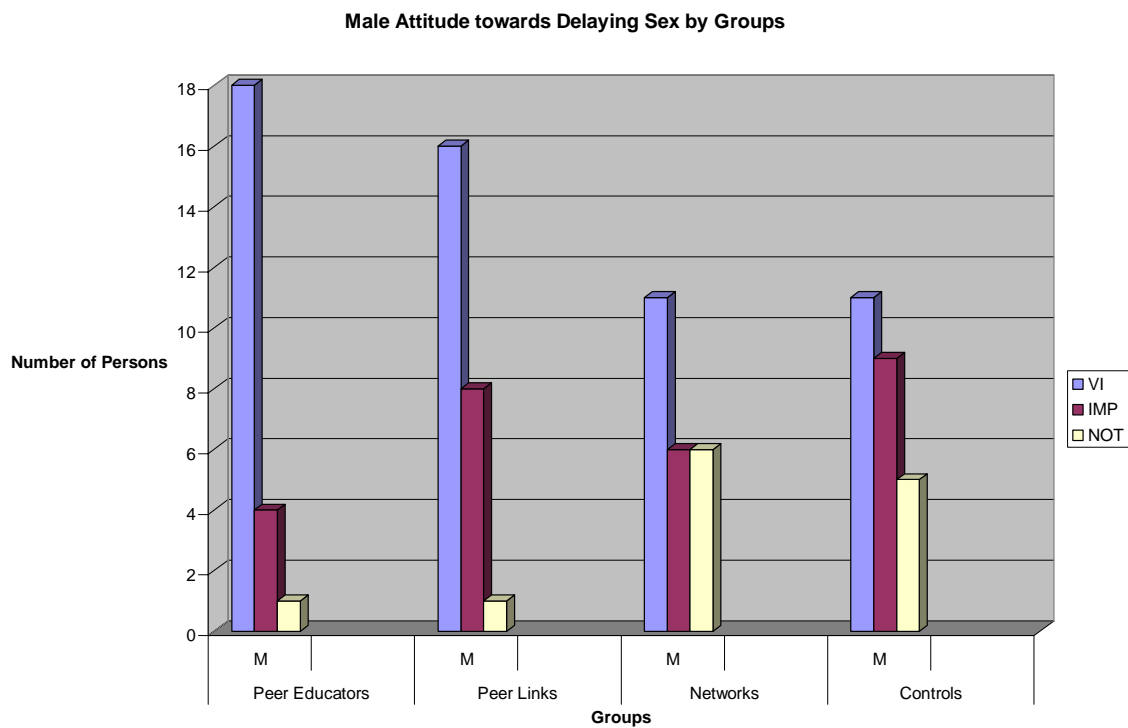


Figure 5.6



There was a clear gap between the attitude held by boys before going to camp and the attitudes displayed after completing the course. Before the camp, both peer educators and Peer Links felt a mean age of 16 was right for initiating sexual activities. The age they presented as ideal after returning from training was a mean of over 19. Modal scores were 18 and 21. The modal and arithmetic averages of controls and networks reflected the perception of peer educators and Peer Links before they were trained. The age of 16 seemed to be important to the boys, because it is the age of consent in Jamaica. There were some variations worth noting. Before going to camp, seven male peer educators and six Peer Links held the view that 18 to 21 is the correct age to begin having sexual intercourse. There was also one rural male who was convinced even after training that age did not matter.

Attitude Towards Multi-partner Relationships

Two times more male control and network respondents were supportive of multiple partners than trainees (29 compared to 15). Five females supported multiple partner relationships on the grounds of needs. One female peer educator who has two relationships explained, “There are times when the nice things you learn have to be used to guide you through the rough waves of life. You just cannot do everything you learn because you cannot afford that luxury.” One of the realities that Youth.now has to work with is that of the constraints of poverty.

Sexual Performance as Important to Masculine Identity

Significantly more networks and controls (36 compared to 27 trainees) paid attention to sexual performance as a means of masculine identity. Youth who went to camp expressed that they felt the same way before camp, but having gone and received the training they rely on many other sources to “...boost my self esteem, without telling people that I have a big penis or such.” The issue of age was, however, critical: 14 to 16 year-old males were more likely than any other group to consider penis size and sexual performance an issue. Interestingly, the females of that group were also more like to support the males’ view, expressing that it is important that a male be a “wuckaman.”

Table 5.10: Sexual Performance as Important by Age and Groups

Degree of Importance	Peer Educator			Peer Links			Networks			Controls		
	10-13	14-16	17-19	10-13	14-16	17-19	10-13	14-16	17-19	10-13	14-16	17-19
VI	3	3	4	1	6	2	2	5	1	3	2	2
IMP	1	3	2	0	2	0	3	3	4	1	8	2
VI & IMP	4	6	6	1	8	2	5	8	5	4	10	4
NOT	4	2	1	9	2	3	3	2	0	6	0	1
Total	8	8	7	10	10	5	8	10	5	10	10	5

Impact on Knowledge Base

A test to measure knowledge of basic adolescent reproductive health was piloted with two adolescents of each age cohort. The difficulty level was not relaxed, so it could be used as a useful measurement of a programme that claimed it gave adolescents an intensive training in adolescent reproductive health. The test was marked out of 100. A glimpse at the cumulative scores for knowledge on issues of reproductive health clearly shows the efficacy of the intervention in Westmoreland:

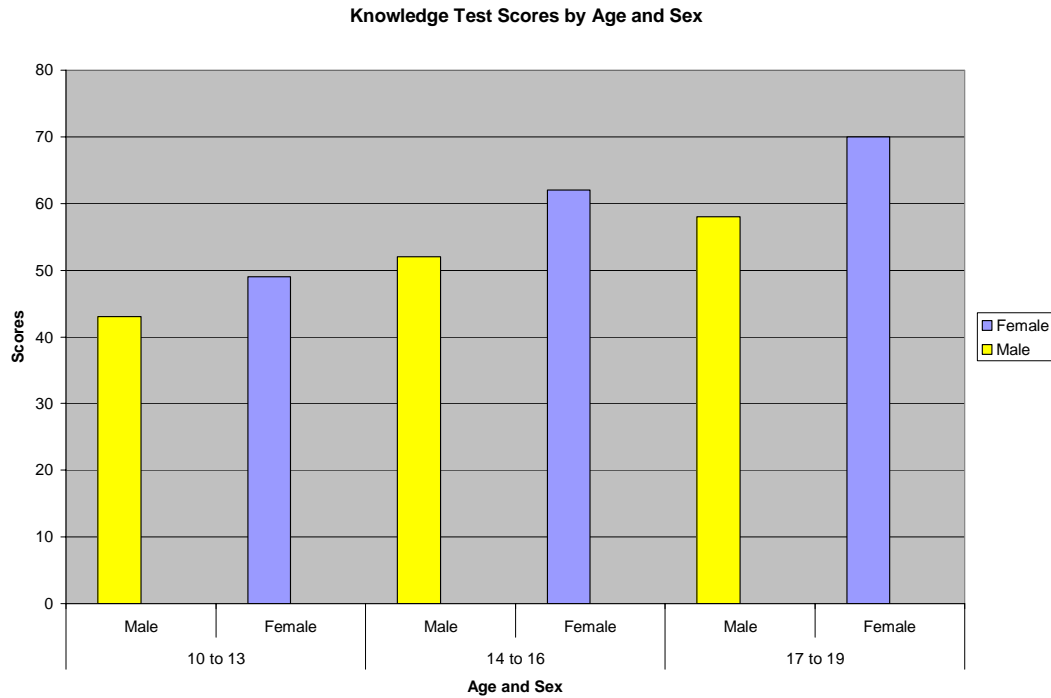
- Peer Educators: 3,187
- Peer Links: 2,771
- Network: 2,622
- Control: 2,179

Table 5.11: Mean Scores of Knowledge Test by Age, Sex, and Groups

GROUPS	MEAN	10 to 13		14 to 16		17 to 19	
		Male	Female	Male	Female	Male	Female
Peer Educators	69	56	65	60	74	67	89
Peer Links	55	44	54	49	58	57	64
Networks	57	44	42	58	62	64	70
Controls	43	28	36	42	52	45	55
MEAN	56	43	49	52	62	58	70

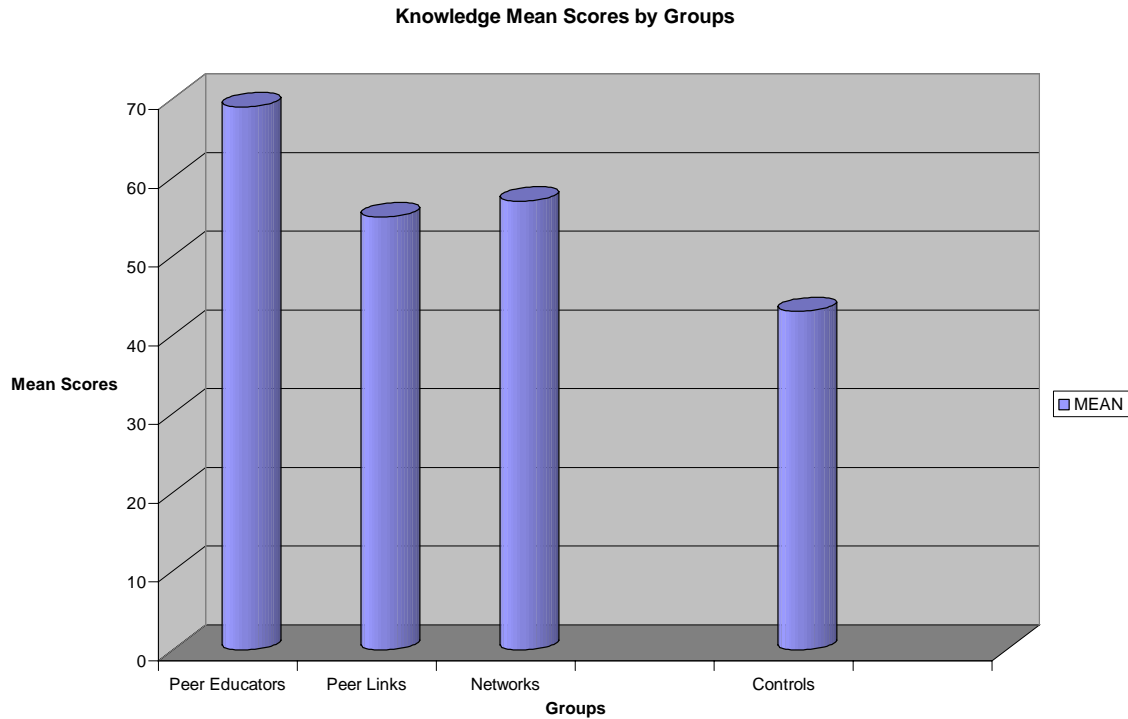
Table 5.11 shows the mean scores according to age, sex, and groups. The data showed that sex and age were important intervening variables. Females consistently out-performed males at all levels on the test. The older the adolescent, the higher the scores tended to be. These observations are displayed in Figure 5.7. There were nonetheless some important exceptions to this trend. For instance, controls that attend the Mannings High School received higher scores than those who attended other schools, a reflection of the quality adolescent reproductive health programme operating at this school. Students who had high academic grades also tended to do better, but even the academically inclined had difficulties with certain areas. It is fair to say, then, that controls who got grades above 70 percent had received some training in adolescent reproductive health. Very few such cases occurred, including the son of a science teacher and daughter of a health provider. All the persons who received grades above 80 percent can be described as outstanding and well-informed in the matter of adolescent reproductive health.

Figure 5.7



Overall, the youth who were trained by Youth.now and who were networked by the Youth.now trainees were very noticeably more informed about reproductive health issues than the controls. Figure 5.8 displays a quantitatively isolated control group. Interestingly, there were only marginal differences between Peer Links and networks. In fact, the average scores of the networks tended to be slightly better. It is a reflection of the degree of work that has been done by the peer educators. It was encouraging to hear peer educators interrogating their recruits after they were interviewed. They always wanted to be sure that their network represented them well.

Figure 5.8



There is no surprise that peer educators got the highest scores, given that they received the most extensive training and were actively teaching the information to others. The difference between the scores of peer educators and the controls, shown in Figure 5.9 and 5.10, is greatest amongst the younger respondents and oldest. The gap then closes in the middle at the point of the 14-16 year cohort of Peer Educators. This is not surprising; the 14 to 16 age group of peer educators and Peer Links were more preoccupied with self throughout the study than the other groups, and they networked the fewest persons (see Table 4.2 and Figure 4.2). The more involved a peer educator, the better he/she would be expected to perform on the knowledge test.

Figure 5.9

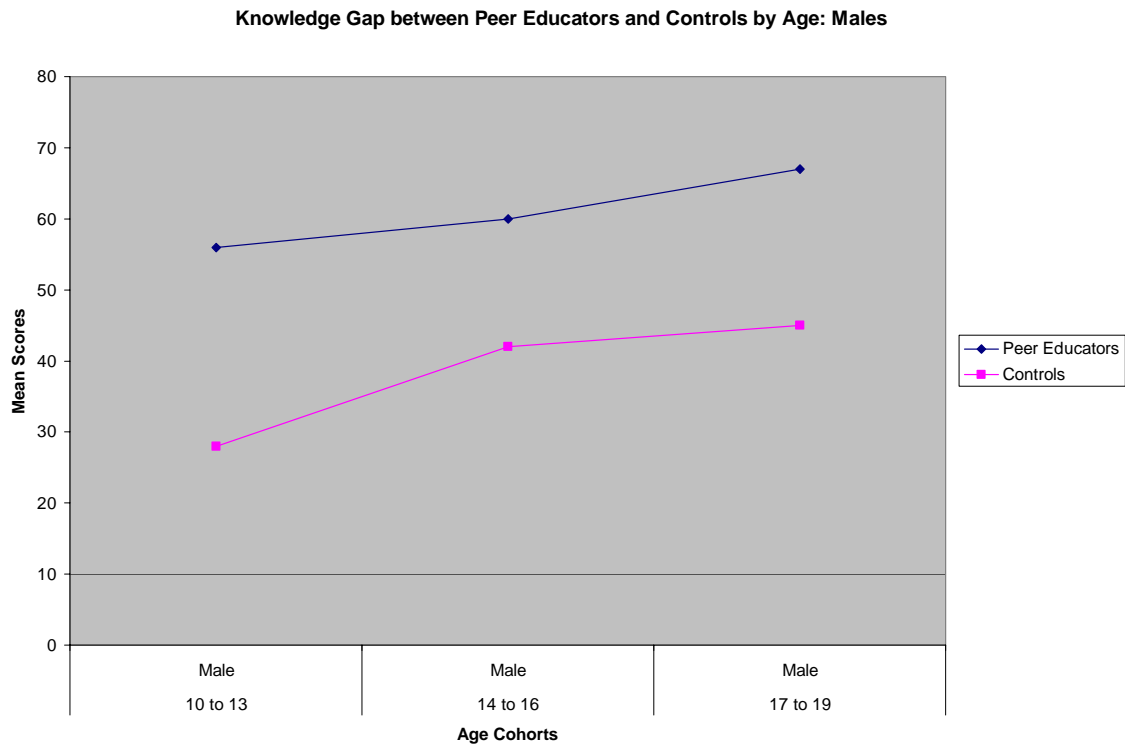
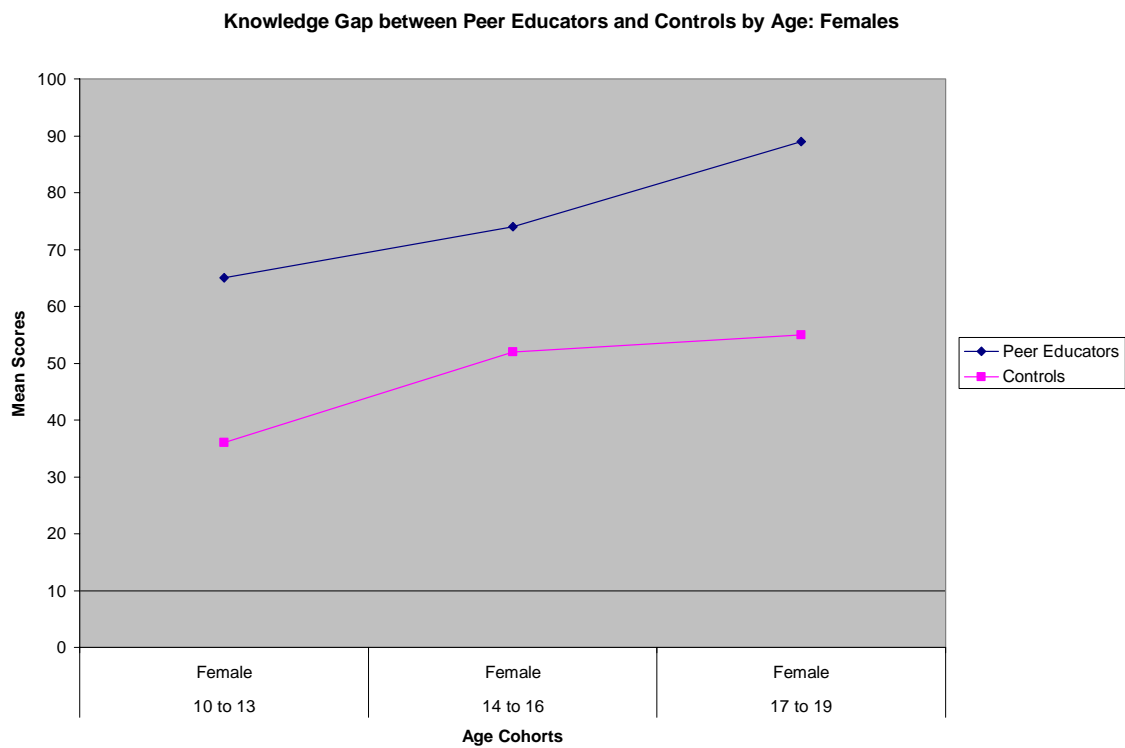


Figure 5.10



Summary of Qualitative Data on the Impact of Camp on Peer Educators and Links

Gender

Clearly female peer educators, and to a lesser extent Peer Links, produced more networks. They also scored higher on the knowledge test. Nonetheless, the intervention's greatest impact was felt by the boys who claimed they were in trouble and were rescued by Youth.now. Seven of these boys were members of two youth gangs that operated as parts of larger gangs. They all went to camp armed—two had guns, others had knives. Upon their return from camp, five decided to leave the gang. One relocated to Kingston, and another claims he is "...chilling out, contemplating things, anything can happen." The following are other stories of how boys have changed their lives as a result of the camps:

- Danny went to camp to find a girl but returned as a Peer Link to find his life changed. He now takes responsibility to tell his friends to make sure they use their rubbers.
- Carl stopped having sex with his "crowd of girls." Upon his return, he started dating one steady girl and focussed on his school work. In his present relationship, sex is delayed "...until we are old enough."
- Dawg, who had eight girlfriends with whom he had sex on "shifts," returned home and selected one girl that he describes as his "queen." Recently, one of the other girls returned to "stress me and me allow her to feel me up and halfway through it, I remembered my commitment to myself and just stopped."
- Little Blue came to realize that sex is best enjoyed after teenage year and intends to delay. Given his strong family support, he might achieve this.
- Rushman, a peer educator, commented, "I said to myself, Jesus, I am 13 and have five girls and having sex weekly like an adult. I stopped. I came home and taught my whole crew how to hype without sex. Let the girls them rush but not tough. I am still a child. I might be handsome and popular, but still a child. I will not let anyone or anything steal my childhood, especially AIDS."

Age

Undoubtedly the greatest impact was on the 10 to 13 year-old age group. Qualitative data put them ahead of the other groups, although they could not be fully assessed quantitatively due to their age or lack of a history (on the part of most). Quantitatively, it could be seen that the widest gap in knowledge was between 10 to 13 year-old peer educator males and their control counterparts. The attitude of the 10 to 13 year-olds was extremely promising. All five boys highlighted above surprisingly belong to the 10 to 13 year-old age group. I selected these from the many stories of drastic change, because these boys were undoubtedly rescued. They are from the inner city and urban working class. One of them can barely read but has resolved to do better in school and make something of his life.

Socio-economic Background

From the data collected, it became clear that the greatest impact was on those of the inner city and working class—the urban poor—and the least on those of suburban background. Only seven persons (5 suburban, 1 lower-middle, 1 inner city) said that the intervention had little or no impact on them. This is commendable. Five suburban youth said they were already informed

before going to camp, including one whose father works with the Ministry of Health. The one lower-middle class youth explained that her mom works with adolescents, so she has always been involved. The inner city youth went to camp to find girls, but found none. “Me never use to sex without boots and me still use my boots. Me not having less girls so me no see the impact. Me enjoy it still.” After assessing the impact qualitatively it became clear that it would make more sense to invest in less suburban youth and more of the inner city, semi-urban, and rural poor.

Most Dramatic Impact

One of the presenters at camp was seen by a number of male youth as very sexy. When she said she was HIV positive, it sent shivers down the spine of a number of the youth. Seven of those interviewed, ranging from age 14 to 17 (six males included) returned home and got themselves and partners tested.

Self Esteem

It was surprising when the trainees listed the programme’s focus on building self-esteem as more important than all the work in reproductive health. An inner city female peer educator explained why self-esteem is so important: “If they had just tried to tell us things, even if they new and exciting or even scary things, it would not have the same effect as them teaching us self-worth. If you respect yourself you almost win already.” The tally below shows that most of her peers agreed with her.

Aspect of Adolescents’ Life Affected by the Intervention Ranked in order of Most Important to Least:

1. Self esteem and life focus (63)

Of the 63 trainees who listed self esteem as the primary value of the intervention, 33 reported they had a range of problems related to low self concept before they went to camp. The narratives below tell the self-values they sorted out:

- Taught me the good in myself and how to avoid the pitfalls.
- Taught me how to measure my small achievements and develop self pride.
- They brought out my leadership skills.
- I feel better about myself.
- I use to just focus on shooting some guys from the gang up the road. I am not a gangster now, I am a person. I came home and told them they are my friends. I even sold my gun.
- I never saw the worth of life; now I see a way out without violence.
- Learn to control myself; as a peer educator I am an example to others.
- Usually I would just knock you the first time you bother me, as a Peer Ed. I just laugh at you. I am in control and I have a greater self esteem now.
- Boost my self confidence - 100 percent boost.

2. Provide information on reproductive health and foster a change in attitude towards sex (41)

- Learnt that delaying sex until after school is a wise decision.
- Use to think about sex daily till headache; now I know it is natural so I ignore it.
- No more unprotected sex for me.

- I went and got tested, and it's a new leaf for me.
- I did not even know about condoms, but I was having sex; things have changed.
- I know too much now to go back to where I was a year ago.

3. *Attitude towards others*

- Use to be hostile to others, now calm and considerate.
- I have learnt to communicate, no need to rush or shout to be heard.
- I now think about others. I avoid using harmful words, consider the feelings of others.
- I feel I have to teach others what I have learnt.
- What to expect from the other sex. I am less hostile to boys now, always saw them as an invading force.

4. *Life Skills*

- Helped me to listen, so now I learn easier.
- My grades have improved for I have learnt to organise my thoughts.
- How to socialize without falling to the tricks of sex player.
- I learnt how to check out a girl without harassing her.
- Leadership.
- How to get people to listen even if they do not think what you are saying is important at first.

Improvements Needed to Youth.now's Programme

- Nothing (31)
- Longer camp period and a single camp for all (24)
- No Peer Eds separate from Peer Links: just teach all of us the same (6)
- More drama, talent thing, football, and such activities (4)
- Less food, I went home heavy (4)
- Bad, they don't take me back! (2)
- Camp take too few people: do you know how many children are still ignorant? (2)
- Needs to be longer so more interaction is allowed (1)
- Need to try and get sponsorship from private sector people to expand camp (1)

CHAPTER 6

Some Pointers

Only those who carried out a project can fully understand how some things were done and for what reasons. I suggest that the following are pointers and should be treated as such. I am providing here an alternative thought process, driven purely by evidence and some research intuition, to those who were involved in the intervention. They may reflect the thoughts of those who were involved, but they may differ widely and even challenge processes that have been known to work. In any case, I present them simply as suggestions for your consideration. Throughout the report I have presented my thoughts and those of the research team. At this point, I will highlight only the critical points and where necessary, illuminate them.

Successful New Strategy

The adolescent reproductive health intervention in Westmoreland was an enormous success. The only obvious threat is the fact that the programme can burn itself out if not carefully executed. In many ways, Westmoreland is a forgotten parish. The intervention was urgently needed and was obviously well appreciated, but without careful development planning, momentum can be lost and energy can recede. I describe the strategy employed by the project as new in that it is not traditional in a number of ways. The strategy seemed to focus on building self-esteem, providing information in a neutral manner that allows youth to make up their own minds, and facilitating adolescents sharing the responsibility of ensuring the future of their peers. The peer education strategy works, and, if properly managed, should remain as the primary approach to address adolescent reproductive health.

Need for Permanent Partnerships

The intervention awakened the hopes and dreams of a large number of youth, with immediate and direct impact on their families, peers, and communities. Those who intervene then run the risk of being regarded as ‘saviour’. This can be seen as a threat to projects that have limited budgets. Sanvanna-La-Mar and the larger area have enormous human resources and the capacity to mobilise itself very quickly. These opportunities, including the many networks available through the health service, social services, clubs, churches, and schools should be fully exploited. Nonetheless, this must be done within a frame of partnership. Most successful projects carry with them a flip side: leaders who should have seen the urgent need and should have done something about it a decade ago become agitated; people begin to adopt the strategy of the new successful team and forget that their old system worked for generations, and, in fact, facilitated the success of the new methods used. Worst of all, community leaders and youth develop a sense of dependence on the new deliverer. It is always important to ensure that a project can be sustained. Youth.now might not be able to continuously host camps, but it can teach local churches, service clubs, and schools how to run effective adolescent camps with dramatic results. If Youth.now could reconnect the many under-utilised centres and groups in the parish, it can soon take on a supervisory role and facilitate the independent growth of the adolescent reproductive health of the parish.

Method of Recruitment and Selection

The evidence seems to suggest there was heavy reliance on traditional networks within the parish. The means of recruitment was also many-pronged. Using the networks already in place, I suggest the parish be stratified by geo-social settings in an attempt to represent each major and critical smaller area in the sample. Recruitment was purposeful and targeted needs as identified in the needs assessment. However, not all the vulnerable adolescents could be located for inclusion in the intervention. Similarly, a better job could have been done to enable that those selected for further training, as peer educators, reflect the most vulnerable.

Striking a Balance

The data show that females and older adolescents created more networks. The evidence also showed that friendly extroverted personalities and high levels of confidence (a combination that is more readily found among the non-poor) were critical factors in the creation of networks. On the other hand, the most vulnerable are better able to reach the most vulnerable. If young boys were the most affected and were the ones most urgently needing the intervention, then there is a problem, given that those who can best reach the most desperate do not make for good peer educators. There seems to be at least two ways out of the problem. The first is to train a cadre of leaders selected from every group proportionately to needs but ensuring every group is well represented. The second is to extend the Peer Links training to include the critical leadership lessons and other skills that peer educators receive additionally. This implies abandoning the peer educator camps as second camps, as they exist today. It is very difficult to imagine this strategy, given the immense success of the present peer educator cells. However, it could be viewed as the creation of a more extensive peer unit.

There are two observations worth highlighting here. First, I observed adolescents who were indeed anti-social transformed to the extent where they competed with friendly, nicer personalities. It may just be that the Peer Links training is so powerful that a larger army than the selected elite could have been involved. Second, whilst the persons with the obvious leadership qualities were very effective, it was found that the quality of the experience could not be guaranteed in this way. Sometimes peer educators failed to network the most vulnerable on the grounds that they did not understand how to reach these persons. Personally, I was more impressed by the case studies of completed change than by those who achieved large numbers of networks. I suggest that the acme of peer education is to train youth from each group to reach the most vulnerable in those cohorts. This is what explains why the boys from the gangs were able to return and recruit other gangsters to begin a peace process. None of these boys were peer educators, and they needed not to be.

The Pre-puberty Dilemma

In a country where services for children are less than effective and mostly out of reach for the most vulnerable pre-puberty children, where will Youth.now, with its 10 to 19 age frame, stand and how will it act in the future? I suggest that it will soon be impossible for the project not to intervene into the lives of the younger children. Fifty-eight boys of the sample reported they had had sexual intercourse. Of this number, 41 percent had their sexual debut between 5 and 10 years. None, understandably, used a condom. Medical anthropologists have been suggesting that in areas where adolescents are among the top most HIV infected, including Jamaica, special attention needs to be focussed on the matter of early sexual debut. Will the project's position be

that of collaboration with those agencies that work with younger children, or will it join in spearheading solution-oriented programmes for this vulnerable age? At least I suggest that Youth.now work with the Ministry of Health to evaluate the present programmes in primary schools and to see how students at this stage can be best made to understand matters of reproductive health.

The Role of Parent Substitute

It was quite depressing to see parents listed as a third and fourth source of quality information in adolescent reproductive health. Whilst on one hand it was good to hear that peer educators were more effective in getting their friends to begin using condoms every time, on the other hand it shouts to us that part of this intervention should be to remind parents of their responsibility, and this means equipping them. I applaud the recent parent initiative and suggest that it be expanded and handed to an agency in the parish for sustenance. It was very worrying that more than half of the fathers were absent from the households studied. Father-and-son and also father-and-daughter, initiatives need to surface. Interestingly, most parents we met seemed equally in need of help. Not only can they act out of ignorance to hinder the progress of Youth.now, especially insecure fathers, but also many parents in Westmoreland were still within childbearing age and were themselves vulnerable of contracting HIV.

Non-Political Stance

Youth.now enjoys fluid movement throughout Jamaica because of its political non-alignment. In Westmoreland, many persons expressed they were happy it was not a tool of deceptive politics. I strongly suggest that this independent stance remain unchanged.

APPENDIX

Westmoreland Adolescent Reproductive Health Evaluation Instrument

Did you attend any of the Youth.now camps? Yes _____no_____

(If he/she did) Which camps? April 2003 _____, July 2003_____, August
_____Other_____

Personal Data

Sex: _____

Age: _____

Grade/highest grade reached in school _____

What kind of grades do you get in school (**Include best and worst subjects**)

Tell me a bit about the family members in your household/yard.

Persons in household/relation to respondent (sex if needed esp. cousins)	Age of household member	Economic activity	Ranking of closeness to respondent

Which of these persons is the head/ in charge of the household?

Are there any adults outside the household with whom you are close? (Who?)

Where do you normally get spending money?

Do you work to obtain money? (What do you do to earn money?)

Things done to earn money	Who is the employer/beneficiary of the service(s)

Say which of the following apply to your household

Items	Checklist & Remark
Tap Water	
Electricity	
House Telephone	
Cellular Phone	
Television Only	
Television and Cable	
Computer	
Computer and Internet	
Radio	
Component Set/Entertainment System	
Refrigerator	
Coal Stove	
Kerosene Stove	
Gas Stove	
Electric Stove (including hot plate)	
Microwave	
Washing Machine	
Bed Shared (with whom)	
Own Bed	
Room Shared (with whom)	
No Vehicle	
Parents/ Relatives' Vehicle (what car)	
My Own Vehicle	
Pit Latrine	
Inside Flush	
Outside Flush (shared with neighbours)	
Tenement	

Rented House	
Family Own House	
# of Bedrooms in House	

Community Setting

How often do you experience the following in your community?

OCCURRENCES	FREQUENCIES						
	Never	Rarely	Every 6 Months	Every 3 Months	Every Month	Every Week	Daily
Neighbours quarrelling							
Women fighting							
Men fighting							
Children fighting							
See a child flogged							
Parents use swear words to children							
Child injured by an adult							
See/hear of girl/boy raped							
See/hear neighbour having sex							
See/hear family members having sex							
Someone stabbed							
Someone shot by police							
Someone shot by gunman							
Someone beaten by a group							
Someone punished by Don							
Someone's house burnt by others							

Tell me about the relationships between you and your closest friends.

	Friend 1	Friend 2	Friend 3
Pet/Nickname			
Age			
Community			
School			
Things they talk about			
Things done together			

Reproductive Health

Give a score out of 10 to each of the following in terms of how important these things are to you:

Issues	Score
Food	
Being able to express feelings and opinions to boy/girlfriend	
Having a boy/girlfriend that is caring	
Hugging and holding hands	
Giving and receiving gifts	
Having a large penis/ boyfriend having a large penis	
Being known as a “wuckaman” or having a “wuckaman” boyfriend	
Having more than one sexual partners	
Loving someone before having sex	
Delaying sex until I have completed secondary school	

Can you give some arguments for and against having sex during teenage.

For	Against

What did the following mean to you before Camp and have those meanings changed?
(For control and network ask: What do the following mean to you? Put under “before” section)

Matters of Importance	Before Youth.now Camp	After Youth.now Camp
Being a boy/male		
Being a female		
Having a child		
Having a boy/girlfriend		
Having sex		
Right age to begin having sex		
Becoming an adult		
Being a teenager		

Can you list some organs of the male and female’s body that is important in reproduction?

Male _____

Female _____

Have you ever had sexual intercourse? (Full or partial penetration by another)

How old were you when you first had sex?

What were the circumstances surrounding this first sexual experience?

(Was in love; could not wait; thought it was the right time; needed money; was forced; peer pressure; parents not at home)

Did you use a condom the first time you had sex? Why? Why not?

Did you/ (Boy) the girl use the pill or any other form of contraceptive the first time you had sex?

Which contraceptive?

How many of the following kinds of relationships have you had/still have?

(Use only “before” section for control and network)

Quality	Before Youth.now Camp	Since Youth.now Camp
No sex involved		
No sex yet, but promised		
Serious/committed		
Casual/for fun		
For money only		

How often do you have sex now (times per week/month/quarter)?

Do you have a steady partner now? If so tell me a bit about him/her.

(Probe for age, background: marital status, class, area of residence etc.)

How many sexual partners do you have now?

How often do you use condoms? _____

On what occasions do you not use condoms?

(The following questions are quite intimate. They are very important though. I hope you do not mind).

Sexual Activities	Before Youth.now Camp	After Youth.now Camp	Comments regarding change of attitude or behaviour
Masturbation			
Kiss a girl/woman			
Kiss a boy/man			
Fondled a girl/woman			
Fondled a boy/man			
Oral sex with a girl/woman			
Oral sex with a boy/man			
Sexual intercourse with a female			
Sexual intercourse with a male			
Anal sex with a female			
Anal sex with a male			
Sex with 2 or more persons			
Run battery on a girl			
Run battery on a boy			

Contraception and STIs

List as many methods of contraception as you can:

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.

List as many STIs as you can remember.

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.

Can you tell us some general signs and symptoms or things that people can notice when they contract an STI?

- 1.
- 2.
- 3.
- 4.

What do you know about HIV/AIDS?

- 1.
- 2.
- 3.
- 4.
- 5.

Do you know how to prevent contracting HIV? (List three ways.)

- 1.
- 2.
- 3.

Do you think that you are likely to contract HIV?

Degree of Likelihood	Reason given for degree of likelihood
Very likely	
Likely	
Not certain	
Not likely	
Impossible	

Please answer “true,” “false,” or “not sure,” to the following statements.

Statement	True	False	Not sure
Douching or washing thoroughly after sexual intercourse is a good way of guarding against getting an STI			
Dirty looking people and those with bumps/pimples are more likely than clean looking people to have an STI			
A person can have an STI and have no sore or wart or any such signs on the genitals			
Latex condoms with spermicide are not different from regular condoms; they are just name brands.			
Children under the age of 12 are less likely than adults to get an STI if they have sex without using a condom			
You can get HIV the very first time you have sex			
Drinking a bottle of Pepsi immediately after sex helps to reduce the possibility of getting pregnant			
It is not possible to get HIV from unclean toilet seats.			
It is possible to get HIV if someone who has it sneezes, sweats, or cries on you			
If you contract an STI, it can make it easier for you to get another STI, including HIV			
It is quite easy to get the same STI more than once			
If a man has sex with a virgin it can help to cure his STI			
Pharmacists can legally refuse to sell condoms to someone who is under the age of 16			

Pregnancy

Have you ever got a girl pregnant / been pregnant?

How many times have you got a girl pregnant / been pregnant?

Did you/she have the baby/babies?

Did you ever have to abort a baby? _____

Why did you have to?

Who looks after the baby/babies?

Personal Information on Children

Personal Information	Child #			
	1	2	3	4
Name of child				
Mother of child				
Father of child				
Age of child				
Sex of child				
School attended				
Who child resides with				
Support for child				

Reproductive Health Services

Listing and scoring of sources of sex education and family life

Sources of information on sex and family life	Rate out of 10 to show importance or impact on reproductive life
Doctor	
Nurse	
Clinic	
Guidance counsellor	
Class teacher	
Youth.now camp	
Parents	
Grandparents	
Guardian: non-relative	
Public forum	
Television	
Cable	

Internet	
Friends	
Community leader	
Church leader/pastor	
Sibling: brother or sister	
On the street	

Where do you get your condoms/contraceptives?

How easy is it for you to get condoms/contraceptives?

Can you list some things you can do to ensure that condoms do not slip or break?

- 1.
- 2.
- 3.

Verbal, Physical and Sexual Abuse

Have you ever been verbally, physically or sexually abused? _____

Abuser	Verbal	Physical	Sexual	Frequency/ Degree	Reasons for Abuse
Parents					
Sexual partner/s					
Teacher					
Schoolmates					
Stranger					
Community person					
Sibling					
Police					

Health provider					
Youth.now staff					

Self Concept and Life Chances

Which of the following best describes your role model?

Role Model	Reason for Selection
Parents	
Teacher	
Pastor	
Movie star	
Entertainer	
Don	
Other	

Which of the following best describes the group that you are in at present?

Group	Reasons for being in group
Church choir	
Key Club	
Circle K	
Youth club	
Red Cross	
Brownies	
Cadet	
Brethren	
Girl's Man Crew	
Girl's Crew	
Dance/Fashion/ Culture Group	
Street youth (hustle)	
Corner crew	
Gang	

How would you describe yourself?

If you were to give yourself a rating out of 10 what would it be?

Why that number/rating?

How would you describe your life chances?

Life Possibilities	Reason for Selection
Excellent	
Very good	
Good	
Possibilities	
Slim	
Poor	

What do you need most urgently to achieve your life's goals?

How has Youth.now's programme impacted on your life?

What would you like to see improved in the Youth.now programme?
